

PROVINCE OF SASKATCHEWAN

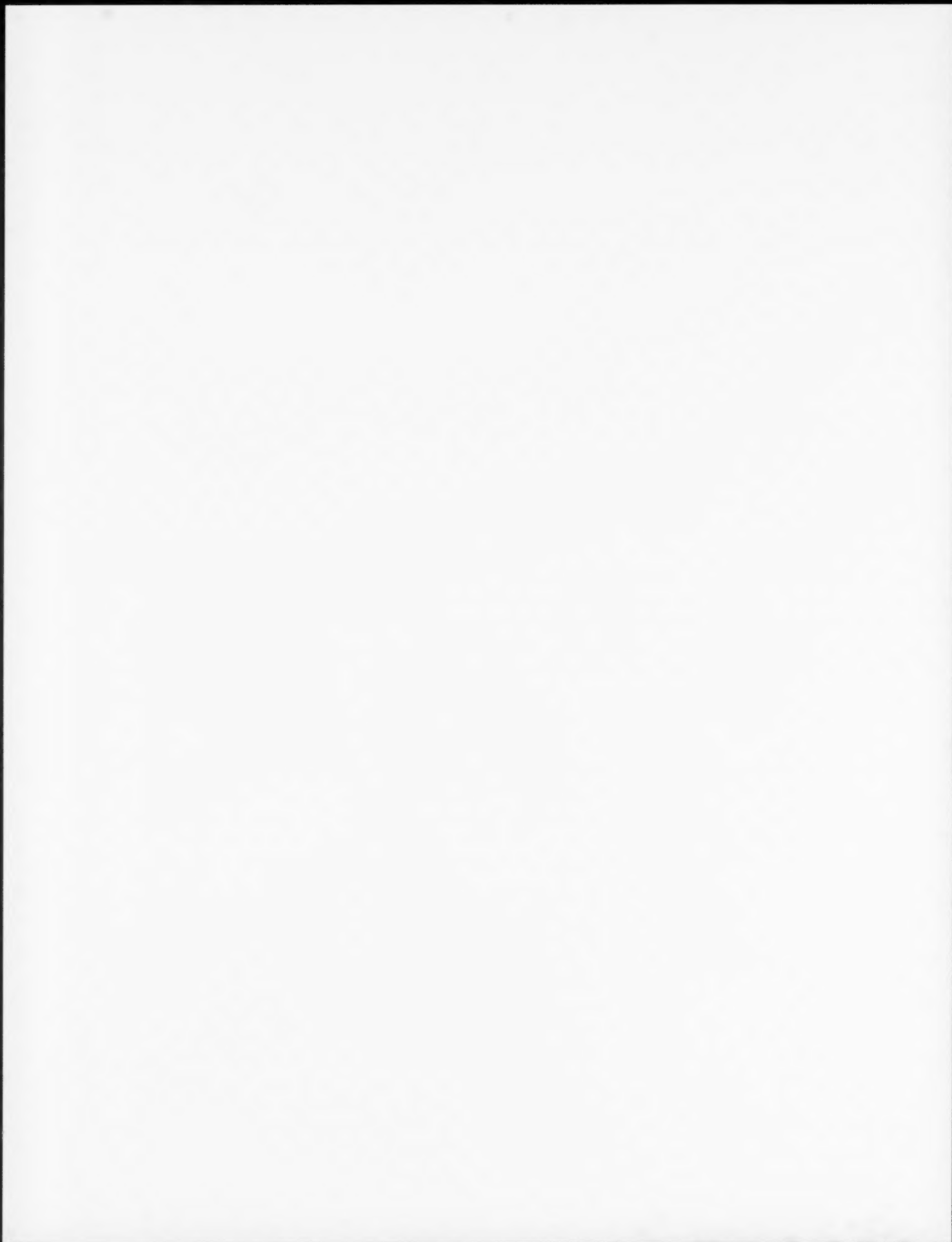


11-12

ANNUAL
STATISTICAL
REPORT

MINISTRY OF HEALTH

Medical Services Branch



Preface

This fiscal year 2011-12 report prepared by the Medical Services Branch, pursuant to Section 36 of *The Saskatchewan Medical Care Insurance Act*, is a statistical supplement to the Saskatchewan Ministry of Health Annual Report. It contains statistical data concerning the programs administered by the Medical Services Branch, including the Medical Services Plan (MSP), medical education and medical remuneration.

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This annual report is also available in electronic format from the Ministry's website at www.health.gov.sk.ca/annual-reports.

Highlights

Medical Services Plan

- The Medical Services Plan (MSP) provides coverage to Saskatchewan residents for a wide range of physician and optometrist services, and a limited range of dental services. The Plan also provides funding to support clinical services provided by residents and faculty at the College of Medicine, as well as a range of recruitment and retention initiatives managed by the Saskatchewan Medical Association (SMA). Payments by the Plan under its program areas (does not include administration costs) totalled \$735.7 million in 2011-12 (see page 5), an increase of \$32.7 million or 4.6 per cent over 2010-11.
- The Branch supports the Medical Education System at the College of Medicine with funding of \$40.9 million in 2011-12 (see page 5). The Medical Education System covers the following areas:
 - academic and clinical services provided by faculty;
 - undergraduate, post-graduate (including international medical graduates (IMGs)) and re-entry training; and,
 - 364 post-graduate medical resident positions (see Table 33).
- MSP, through its Professional Review Committees, recovered \$229,800 in fee-for-service payments from 14 practitioners who were found to have incorrectly charged the Plan (Table 2).
- The number of claims processed and paid in 2011-12 totalled 7.9 million, a decrease of 4.8 per cent from 2010-11 (Table 3). This is primarily due to the de-insuring of universal chiropractic services.
- Benefits paid for insured services - provided by physicians, optometrists, and dentists - amounted to \$540.5 million, an increase of 2.6 per cent on a per capita basis (Table 8). Total expenditures ('000's) by program area:

	2010-11	2011-12	Per Capita Change
Physicians	\$511,979	\$531,860	2.6%
Optometrists	\$6,398	\$6,936	7.1%
Dentists	\$1,860	\$1,735	-7.9%

(See status of current agreements on page 58)

- Payments for out-of-province physician services totalled \$34.4 million (Table 11) up 4.7 per cent. Increased costs were mainly due to physician fee increases. Out-of-province hospital payments totalled \$85.1 million (Table 13a), up 13.2 per cent.
- Services outside Canada for patients with prior approval:

	2010-11	2011-12
Patients	64	77
Practitioner Costs	\$983,449	\$1,876,394
Hospitals	\$3,918,190	\$8,828,447
Total Costs	\$4,901,639	\$10,704,841

(Note that the number of patients receiving services in a year may not equal the number approved during the year. Reasons include patients not going or not receiving treatment in the same year or patients requiring on-going care over two or more years.)

- The number of active physicians (with their own MSP billing number) in Saskatchewan increased at year-end to 1,456 from 1,405 in 2010-11. Metro (Regina and Saskatoon) general practitioners (GP) increased by 19 (to 397), urban general practitioners increased by 16 (to 179), and rural general practitioners decreased by 18 (to 216); specialists increased by 34 (to 664) (Table 20).

Average payments to active physicians (Table 25):

General Practitioners	\$265,200
Specialists	\$410,500
All Physicians	\$331,500

(see "Active" definition - page 12)

- Payments for the Specialist Emergency Coverage Program (SECP) and the Rural (GP) Emergency Coverage Programs totalled \$34.6 million (Table 27).
- Expenditures for physician services provided through non-fee-for-service payment arrangements (medical remuneration and alternate payments) totalled \$170.4 million (Table 28), an increase of 4.9 per cent.
- The per capita costs for physician services increased by 9.8 per cent to \$516 from \$470 in 2010-11 (Table 31).

Physician Remuneration

- In 2011-12, payments for fee-for-service in-province physicians, excluding the emergency coverage programs, totalled \$449.8 million (see page 6), a decrease of 0.23 per cent from 2010-11.
- Non-fee-for-service funding arrangements for physician services represent a large and rapidly growing area of provincial health expenditures. In 2011-12, this sector accounted for about \$310.5 million, 37.8 per cent of Saskatchewan Ministry of Health's total expenditures on in-province physician services. The majority of expenditures are in areas of medical services associated with Regional Health Authority (RHA) operations (radiology, laboratory and emergency services) (see page 6).
- The amount of new and continuing physician bursaries and grants increased from 179 to 185 in 2011-12 for a total commitment of \$6.3 million.

Restatement

- For comparative purposes, payment figures shown in the statistical data tables have been adjusted to include retroactive payments for services provided pursuant to the agreement with the Saskatchewan Medical Association.

Medical Services Branch 2011-12 Expenditures

Medical Services Plan	Payments ⁴	Per Cent of Total
Total In-Province	\$516,077,678	69.7
Physicians - Fee-for-Service ¹	456,546,379	61.7
Physicians - Non-FFS		
- Alternate Payments	9,916,286	1.3
- Physician Stabilization	24,124,529	3.3
- Northern Health, Student Health & Community Clinics ²	17,657,201	2.4
Optometrists	6,127,519	0.8
Dentists	1,705,764	0.2
Out-of-Province (including Hospital)	126,834,784	17.1
Saskatchewan Medical Association Programs ³	51,652,318	7.0
Medical Education System	40,885,721	5.5
Dental Residency Grant	115,131	0.0
Optometrists - Children's Vision Initiative	90,000	0.0
Administration	4,341,913	0.6
Total Expenditures	\$739,997,545	100.00

¹ Includes Emergency Rural Coverage Program payments processed through the Claims System.

² These expenditures include payments to physicians only.

³ Includes Specialist Emergency Coverage Program payments.

⁴ Payments include lump sum retroactive payments made in the 2011-12 fiscal year pursuant to the agreement between the Ministry of Health and the Saskatchewan Medical Association.

Notes:

1) There is a difference between MSP payments shown above and the total payments shown in the statistical tables. The difference is due to accounting adjustments (e.g. accrual accounting; the handling of payments to and from other provinces for claims processed under the reciprocal billing arrangement); certain recoveries; adjustments for retroactive payments; the handling of claims for medical and optometric services provided in community clinics and alternate payment projects, which are included in the statistical tables as if paid on a fee-for-service basis; and, the handling of optometric Supplementary Health Program claims.

2) MSP Out-Of-Province payments include physician, optometric, dental and hospital services.

Expenditures for In-Province Physician Services and Programs, 2011-12

	<u>Expenditures</u>
<u>Fee-For-Service (FFS)</u>	<u>\$449,777,287</u>
<u>Emergency Rural Coverage Programs (ERCP)³</u>	<u>\$7,530,187</u>
<u>Specialist Emergency Coverage Programs (SECP)</u>	<u>\$27,059,273</u>
<u>Non-fee-for-service (Non-FFS)</u>	<u>\$310,535,196</u>
Medical Remuneration	\$137,608,001
^{1,2} Saskatchewan Cancer Agency	\$19,603,884
^{1,2} Student Health Centre	\$721,706
^{1,2} Community Clinics	\$8,075,433
Physician Stabilization	\$24,124,529
^{1,2} Northern Health Contract Physicians	\$8,860,062
Alternate Payments - MSB Non-FFS	\$9,916,286
Alternate Payments - RHA Operating	\$32,772,584
^{1,2} Alternate Payments - Primary Health Services Sites	\$27,966,990
Clinical Services Fund (College of Medicine)	\$40,885,721
Sub-Total: Payments for Physician Services	\$794,901,943
(including FFS, Emergency Coverage Programs and Non-FFS)	
<u>SMA (excluding Emergency Coverage) and Bursary Programs</u>	<u>\$27,104,726</u>
Undergraduate Medical Bursaries	\$150,000
Medical Residency Bursaries	\$450,000
Physician Re-Entry Training Program	\$389,142
Rural Practice Enhancement Training	\$81,144
Rural Practice Establishment Grants	\$377,500
Rural and Remote Incentives	\$2,081,355
Continuing Medical Education Program	\$4,400,000
Canadian Medical Protective Agency (CMPA) Funding	\$5,866,000
Practice Enhancement Program	\$75,000
Physician Retention Fund	\$7,200,000
Specialist Resident Bursary Program	\$837,500
Specialist Physician Enhancement Training Bursary	\$66,667
Specialist Practice Establishment Grant	\$645,000
Specialist Rural & Remote Incentives	\$450,833
New Initiatives	\$525,000
Parental Leave Program	\$700,000
Saskatchewan Health Re-entry Training	\$323,214
Supernumerary IMG Training Seats	\$2,486,371
Grand Total: Expenditures (including SMA & Bursary Programs)	\$822,006,668

¹ Expenditures in these areas are managed by other Branches of the Ministry of Health.

² These expenditures include payments to physicians only.

³ Includes non-fee-for-service rural emergency coverage payments and payments for travel expenses when general practitioners provide weekend relief.

⁴ The total includes new recipients in 2011-12 plus recipients of continuing bursaries from previous years.

Notes: 1) Ministry funding for physician services may not equal expenditures by RHAs.

2) Portions of Ministry funding are unavailable, such as compensation to radiologists providing CTs and MRIs

3) Payments include lump sum retroactive payments made in the 2011-12 fiscal year pursuant to the agreement between the Ministry of Health and the Saskatchewan Medical Association.

Medical Services Plan Coverage Benefits

Eligibility for Benefits

The Medical Services Plan (MSP) provides coverage to Saskatchewan residents for a wide range of physician and optometrist services, and a limited range of dental services.

All residents of Saskatchewan, with a few exceptions (members of the Canadian Armed Forces, RCMP, inmates of Federal Penitentiaries) are eligible to receive benefits, with the sole requirement being residency and registration with the Health Registration Branch. No premiums are levied.

Subject to the exclusions detailed later in this section, the following services are insured:

Physician Services

Medical Services - The diagnosis and treatment by a physician of all medical disabilities and conditions.

Surgical Services - Surgical procedures by a physician including diagnosis, pre- and post-operative care and the services of physician surgical assistants when required.

Maternity Services - Care during pregnancy, delivery, and after care by a physician.

Anaesthesia - The administration of anaesthesia by a physician including:

- anaesthesia for diagnostic, surgical and other procedures;
- obstetrical anaesthesia;
- anaesthesia for pain management; and,
- all dental anaesthesia primarily for patients under 14 years.

Diagnostic Services

- out-of-hospital x-ray services, including interpretations, provided by a specialist in radiology. Breast screening mammographies for women 50 years of age and older are available and funded through the provincial Screening Program for Breast Cancer;
- an approved list of office-based laboratory services provided by a physician other than a pathologist; and,

- other diagnostic services provided by a physician.

Preventive Medical Services

- Immunization services where not available through any government or regional health authority;
- examination and report for adoptions for both child and parents;
- examination and report for persons becoming foster parents; and,
- a routine physical examination by a physician but not including an examination for the purpose of insurance, employment, vehicle seatbelt exemptions or at the request of a third party.

Cancer Services - Services for the diagnosis and treatment of cancer, except when provided by physicians under contract with the Saskatchewan Cancer Agency.

Optometric Services

Coverage for routine eye examinations, partial examinations and tonometry by optometrists is limited to the following five categories of persons:

- those under the age of 18;
- Supplementary Health Program beneficiaries;
- recipients of Family Health Benefits Program; and,
- seniors (age 65+) receiving a Saskatchewan Income Plan supplement; and,

For eligible beneficiaries, the frequency of routine eye examinations to determine refractive error is limited to the following:

- for patients less than 18 years of age examinations are limited to one every 12 months (this coverage is provided by MSP);
- for patients 65 or older who qualify for one of the special programs listed above, examinations are limited to one every 12 months; and,
- for patients aged 18 to 64 who qualify for coverage under one of the special programs listed above, examinations are limited to one every 24 months.

The assessment of ocular urgencies and emergencies provided by an optometrist, for select diagnoses, became an insured service for all Saskatchewan beneficiaries effective April 1, 2006.

Dental Services

Services in connection with maxillofacial surgery required to treat a condition caused by an accident.

Certain services in connection with abnormalities of the mouth and surrounding structures.

Services for the orthodontic care of cleft palate upon referral to a dentist by a physician or another dentist.

Certain x-ray services when provided by a dentist who is a specialist in oral radiology.

Extraction of teeth medically required to provide:

- heart surgery;
- services for chronic renal disease;
- head and neck cancer services; and,
- services for total joint replacement by prosthesis where the beneficiary was referred to a dentist by a specialist in the appropriate surgical field and where prior approval from Medical Services Branch of the Ministry of Health was received.

Effective July 1, 2010 dental implants are covered in exceptional circumstances:

- tumours – including benign and malignant; and,
- congenital – including cleft palate and metabolic.

The referring specialist in oral maxillofacial surgery must request and receive prior approval from Medical Services Branch of the Ministry of Health.

Chiropractic Services

Effective April 1, 2010, universal chiropractic services were de-insured. Supplementary Health Program beneficiaries, recipients of Family Health Benefits Program and seniors (age 65+) receiving a Saskatchewan Income Plan supplement are insured for a maximum of 12 chiropractic services per year. The Medical Services Branch continues to pay for chiropractic x-ray services.

Out-of-Province Services

Most services insured in Saskatchewan are insured outside the province, but within Canada.

Physician Services

Services provided by physicians in other provinces except Quebec are covered by a reciprocal billing arrangement. Saskatchewan beneficiaries are not normally billed for insured physician services provided in other provinces upon presentation of their Health Services Card except for certain services excluded from the reciprocal billing arrangement. In most cases, physicians bill the provincial health plan of the province in which the services are provided. The host plan then bills the home province of the patient for the services provided.

Effective November 15, 2011 prior approval is no longer required for bone densitometry provided outside of the province. Effective March 18, 2011 prior approval is no longer required for specialist requested Positron Emission Tomography (PET) scans performed in a publicly funded facility.

Non-emergency services provided outside of Canada are only insured with prior approval from the Medical Services Branch of the Ministry of Health.

Hospital Services

Hospital services provided to Saskatchewan beneficiaries in other provinces are covered by a reciprocal billing agreement. The hospital bills the provincial health plan of the province in which services are provided. The host plan then bills the home province of the patient for the services provided.

Emergency hospital services for persons travelling outside Canada are covered on the following basis: up to \$100 (Canadian) per day for in-patient services and up to \$50 (Canadian) for an out-patient visit. Non-emergency hospital services provided outside Canada are covered only if prior approval has been obtained from the Medical Services Branch of the Ministry of Health.

Exclusions

The Medical Services Plan does not insure the following services:

- health services received under other public programs including: The Workers' Compensation Act, federal Department of Veteran Affairs, The Mental Health Services Act;
- lab services by specialists in pathology;
- the cost of travel, accommodation and meals;
- advice by telephone except when provided by physicians to allied health personnel;
- surgery for cosmetic purposes;
- any mental or physical examination for the purpose of employment, insurance, judicial proceedings/requirements, vehicle seatbelt exemptions or at the request of a third party;
- autopsy;
- ambulance services and other forms of transportation of patients;
- services provided by special duty nurses;
- services provided by chiropodists, podiatrists, naturopaths or osteopaths;
- services provided by chiropractor – coverage is limited to those beneficiaries covered under the Supplementary Health Program, Family Health, or Seniors Income Plan;
- dentistry, except as described under Insured Services - Dental Services;
- drugs and dressings;
- appliances (e.g. eyeglasses, artificial limbs);
- routine eye examinations by physicians – coverage is limited to those beneficiaries who would be covered under the optometric program (see page 7);
- electrolysis;
- dental anaesthesia provided in conjunction with an insured service where the patient is 14 years or over;
- reversals of sterilization;
- implantation of penile prosthesis;
- thermal ablation of obviously benign skin lesions;

- injection of asymptomatic varicose veins; and,
- non-medically required circumcisions.

Methods of Payment

MSP makes payment for insured services by the following methods:

- fee-for-service billing by practitioners or professional corporations based on negotiated fee schedules; and,
- salary, contractual or sessional payment arrangements funded through Regional Health Authority Boards.

The Primary Health Services Branch provides a global system of payment for the operation of four community clinics.

Practitioners may choose to practice entirely outside MSP, in which case the services provided by that practitioner are uninsured.

Professional Review

Joint Professional Review Committees have been formed with the various professional associations and licensing bodies to evaluate the billing patterns of practitioners. These committees are empowered to order the recovery of payments that have been inappropriately billed by practitioners (see Table 2).

Statistical Figures and Tables

Introductory Notes

General - The following tables are based upon MSP payments made during 2011-12 on a fee-for-service basis for medical, optometric and dental services provided to Saskatchewan beneficiaries. Any work stoppages in the health care system may affect utilization and earnings data presented in this report.

A global system of payment for medical and optometric services is used for four community clinics in the province; however, services are recorded on the same basis as fee-for-service items (shadow billing). Many alternate payment projects, including primary health care projects, have their services recorded on the same basis as fee-for-service items (shadow billing). For statistical purposes, all shadow-billing data is reported in this document.

Most tables include data, where noted, on services provided to Saskatchewan residents by practitioners outside the province. Tables 12, 14a and 14b are the only tables that present Saskatchewan physician and hospital data for services provided to out-of-province beneficiaries. Tables 13a, 13b, 14a and 14b are the only tables that show data related to the hospital reciprocal billing system.

The statistical tables exclude data on services paid by MSP to physicians and optometrists on behalf of Saskatchewan Government Insurance. The tables also exclude payments made through the Specialist Emergency Coverage Program with the exception of Table 27.

Data Limitations – Numbers of certain services or service groupings may differ from year to year as a result of bundling/unbundling or restructuring fee codes through Payment Schedule changes. Beginning in 2004-05 time of day, age and pediatric premiums are no longer counted as individual services. The level of compliance with shadow billing for other than fee-for-service methods of payment can impact the data presented in this report.

Date of Payment - Statistics are based upon the date the service was paid, as opposed to the date the service was provided. Statistics for the fiscal year 2011-12 include some services provided in 2010-11. Fiscal years typically consist of 26 pay runs; however, the 2007-08 fiscal year included an additional pay run.

Payment Adjustments - The difference between MSP payments shown in the Statement of Expenditures, page 5, and the total payments shown in the statistical tables is due to accounting adjustments (e.g. accrual accounting; the handling of payments to and from other provinces for claims processed under the reciprocal billing arrangement); certain recoveries, adjustments for retroactive payments; the handling of medical and optometric services provided in community clinics and funded on a global basis through the Primary Health Services Branch; the handling of claims for medical services provided in alternate payment projects; and the payment for medical services through other non-fee-for-service remuneration arrangements. Statistical tables have not been adjusted for recoveries resulting from professional review activities (see Table 2).

Payments to Locum Tenens - Where a physician acts as the principal for a locum tenens physician who is not fully licensed by the College of Physicians and Surgeons, payments for services provided by the locum are made to the principal, unless the locum is granted a conditional, provisional or long-term locum license by the College.

Retroactive Payments - From time to time, MSP is required to make payments retroactively to practitioners, pursuant to agreements with the respective professional associations. Lump sum retroactive payments to physicians in 2011-12 and to dentists in 2009-10 are included (or excluded) in tables as footnoted. Payments made in 2011-12 were adjusted and lump sum retroactive payments were removed from 2011-12 and added in 2009-10 and 2010-11 payments where applicable and footnoted. Any such payments, whether included or excluded from the data tables, are always included in the expenditure tables on pages 5 and 6.

Optometric Services under Supplementary Health - Changes to the optometric programs in 1992 resulted in a shift in payment responsibility for some services to the Supplementary Health Program. For statistical purposes, however, optometric data for services paid under both MSP and the Supplementary Health Program is reported in this document.

Definitions of Service Groupings (Tables 7 to 10 and 15)

Service groupings are based on CIHI's (Canadian Institute for Health Information) national grouping system categories.

- a. **Consultations** - a consultation is the referral of a patient by one physician to another for examination, diagnosis, and a written report. The patient may return to the referring physician for treatment or receive treatment from the consultant.
- b. **Major Assessments** - a major (complete or initial) assessment comprises a full history review, an examination of all parts or systems, a complete record and advice to the patient, and may include a detailed examination of one or more parts or systems. A major assessment may be provided to new or former patients. Chronic disease management visits and eye examinations by physicians are included here.
- c. **Other Assessments** - Other assessments are visits that comprise history review, history of the presenting complaint, and an examination of the affected parts, regions or systems. Follow-up assessments, well-baby care provided in the office, visits to special care homes and continuous personal attendance are included in this classification.
- d. **Psychotherapy/Counselling** - Includes treatment interview, group therapy, and counselling (including healthy lifestyle/health education counselling).
- e. **Hospital Care** - Physician services provided in a hospital on a visit per day basis including newborn care in hospital and including attendant and supportive care. Hospital visits covered by a composite payment such as hospital care following surgery are not included.
- f. **Special Calls and Emergency** - Includes surcharge payments made in association with visits or other services provided by physicians when specially called to attend a patient on a priority basis; follow-up house calls not specially called; special calls for additional patients seen; and any non-system-generated out-of-hours premiums.
- g. **Major Surgery** - All 42-day surgical procedures excluding those falling in the Obstetrics classification. The "day" classification refers to the number of days of post-operative care included in the procedural fee.
- h. **Minor Surgery** - All 0 and 10-day surgical procedures excluding those falling in the Obstetrics classification.
- i. **Surgical Assistance** - Services of physicians as required to assist the surgeon at an operation. Includes assistant standby.
- j. **Obstetrics** - Includes hospital stay, abortions, caesarian sections, but excludes gynaecological surgery, and pre- and post-natal visits. Fetal monitoring and transfusions are included here.
- k. **Anaesthesia** - All anaesthetic procedures, pain management and pain clinic services are included in this category (see page 7).
- l. **Diagnostic Radiology** - All out-of-hospital technical procedures and interpretations by specialists in radiology.
- m. **Laboratory Services** - All common office laboratory services provided by a physician other than a pathologist.
- n. **Other Diagnostic and Therapeutic Procedures** - All types of diagnostic procedures, allergy tests, ultrasound, professional interpretations of procedures, biopsies, therapeutic procedures, injections, Papanicolaou smears, and resuscitation and intensive care.
- o. **Special and Miscellaneous Services** - Medical examinations for adoptions, for rape victims, for follow-up Cancer report; examinations and certifications of mental ill health; immunizations where not elsewhere available; intralesional injections; rural emergency coverage payments; advice to physicians or allied health personnel via telecommunications; and any other services not elsewhere classified.

- p. **Services by Optometrists** - Includes eye examinations to determine the refractive state of the eye, partial examinations, tonometry testing and assessments of ocular urgencies and emergencies when provided by an optometrist.
- q. **Dental Services** - Includes certain insured services provided by dentists, i.e. oral surgery, or orthodontic services for care of cleft palate, and the extraction of teeth necessary to be performed before the provision of certain surgical procedures. Effective July 1, 2010 includes coverage of dental implants, in exceptional circumstances, where prior approval from Medical Services Branch of the Ministry of Health was received.
- b. **Specialist** - A Canadian certified physician listed by the College of Physicians and Surgeons of Saskatchewan is eligible to receive MSP payments at specialist rates. As of April 1, 2001, a foreign certified physician listed by the College of Physicians and Surgeons is eligible to receive MSP payments at foreign certified specialist (FCS) rates (visits at designated FCS rates and procedures at general practitioner rates). As of April 1, 2004, a foreign certified physician is eligible to receive MSP payments at specialist rates for both visits and procedures. If a physician becomes a certified specialist during the year, only those services provided after certification are included with specialist services.
Note: Psychiatrists are included with Internists, Medical Geneticists with Paediatricians, and Pathologists with Diagnostic Radiologists.

Categories of Practitioners (Tables 15, 18 to 26, 31, 32 and 34)

I. Physicians

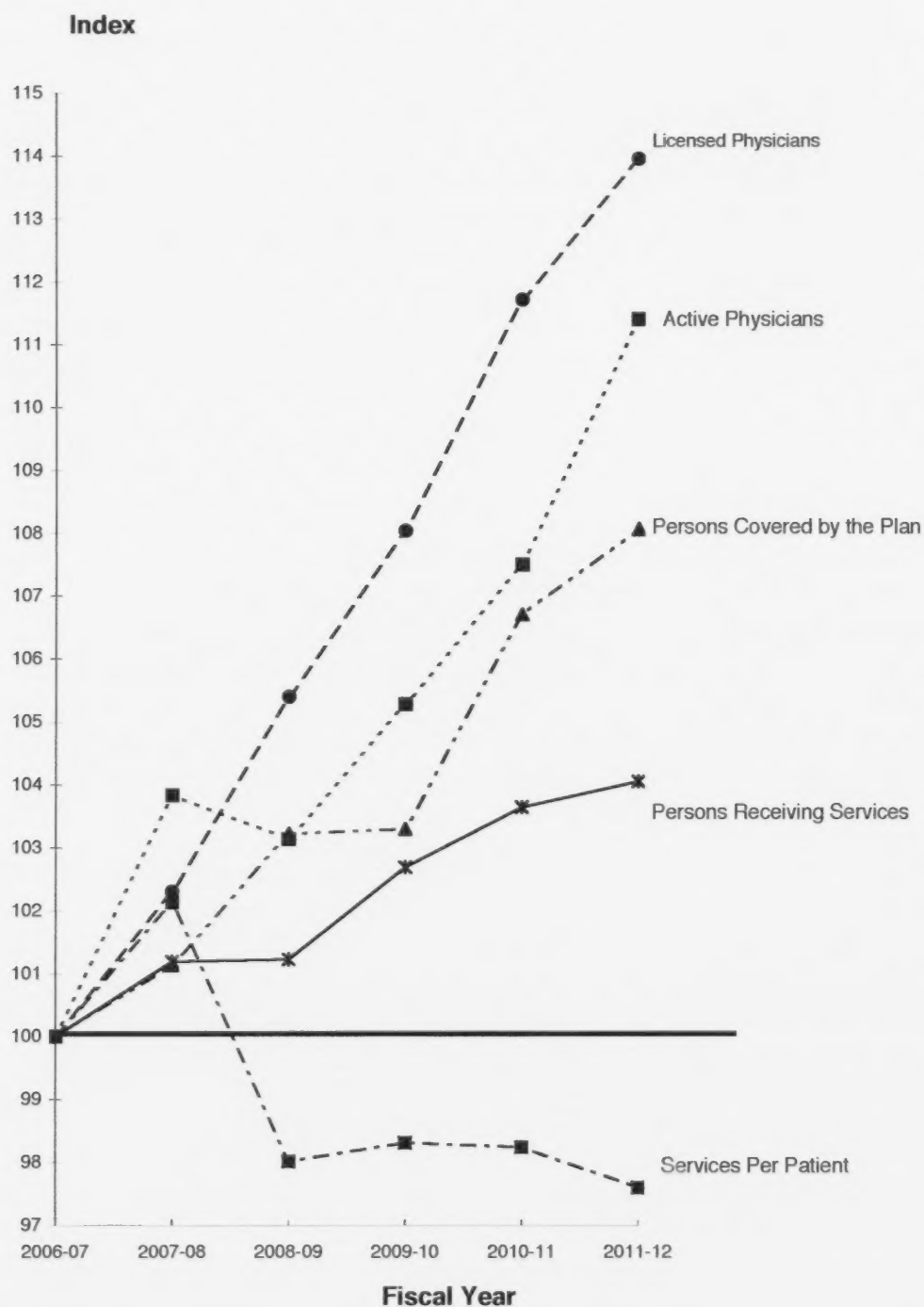
- a. **General Practitioner** - A physician registered with the College of Physicians and Surgeons of Saskatchewan whose name does not appear on the specialist listing mentioned in (b) below. Includes physicians who while not Canadian or foreign certified specialists, limit their practice to specific specialty areas.
 - i. **Metro** - A general practitioner who practises in Regina or Saskatoon.
 - ii. **Urban** - A general practitioner who practises in a locality having 10,000 or more residents other than in Regina or Saskatoon.
 - iii. **Rural** - A general practitioner who practises in a locality having fewer than 10,000 residents.
 - iv. **Association** - A general practitioner who maintains patients' medical records with one or more other physicians.
 - v. **Solo** - A general practitioner who is not working in association with another physician.

II. **Optometrist** - A practitioner registered by the Saskatchewan Association of Optometrists.

III. **Dentist** - A practitioner registered by the College of Dental Surgeons of Saskatchewan.

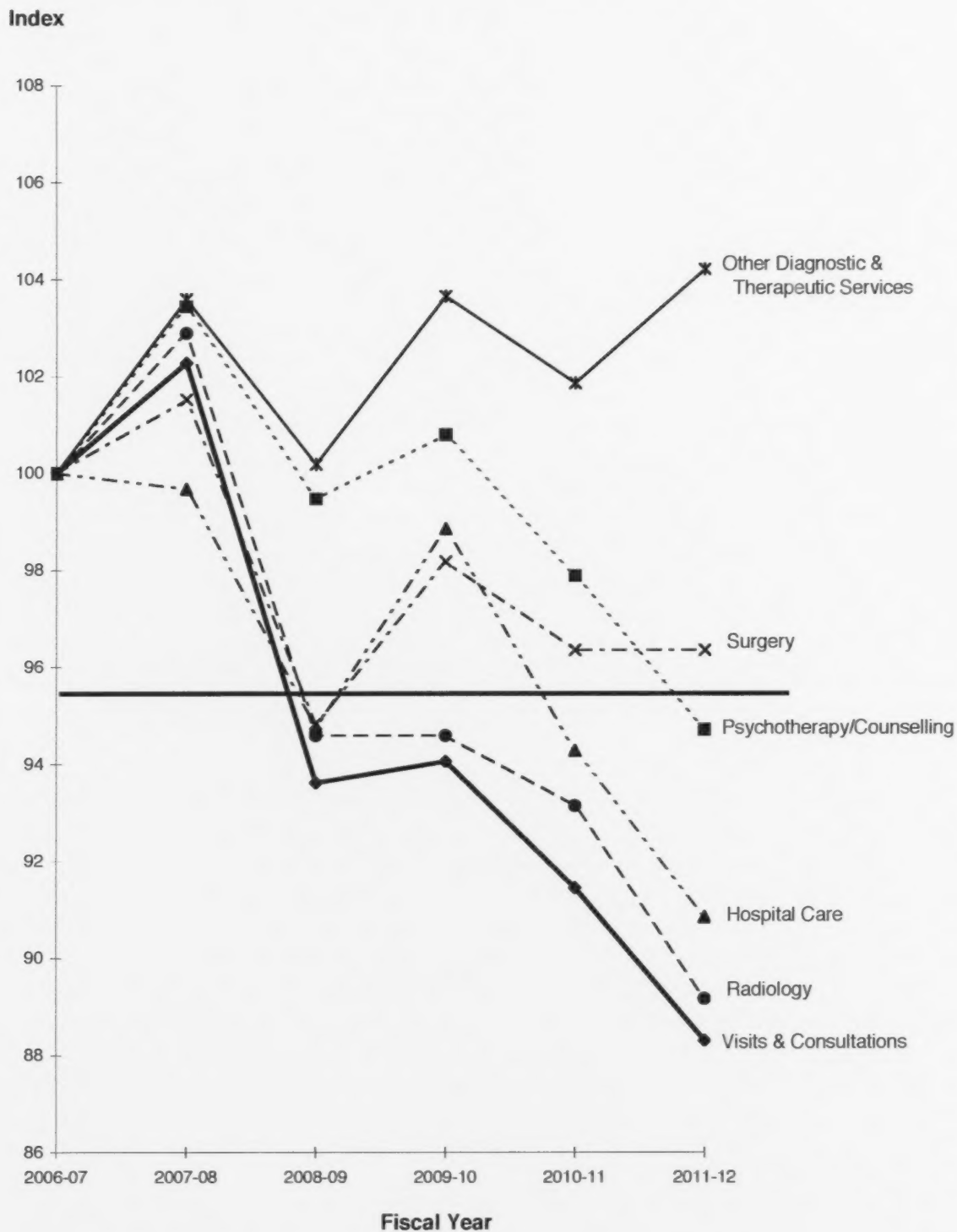
Note: Definition of Active Physician - Physicians receiving \$60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year. General Practitioners are categorized in the group in which they earned the most income if they practised in various clinics or locations throughout the year.

Figure 1
Index of Persons Covered by the Plan, Physicians, Services Per Patient, and Persons Receiving Services 2006-07 to 2011-12



Note: Data comparability is affected by the extra pay run in 2007-08.

Figure 2
Index of Services Per 1,000 Beneficiaries for Selected Types of
In-Province Physician Services 2006-07 to 2011-12



Note: Data comparability is affected by the extra pay run in 2007-08.

Figure 3
Per Capita Payments for Insured Services by Age and Sex of
Beneficiary

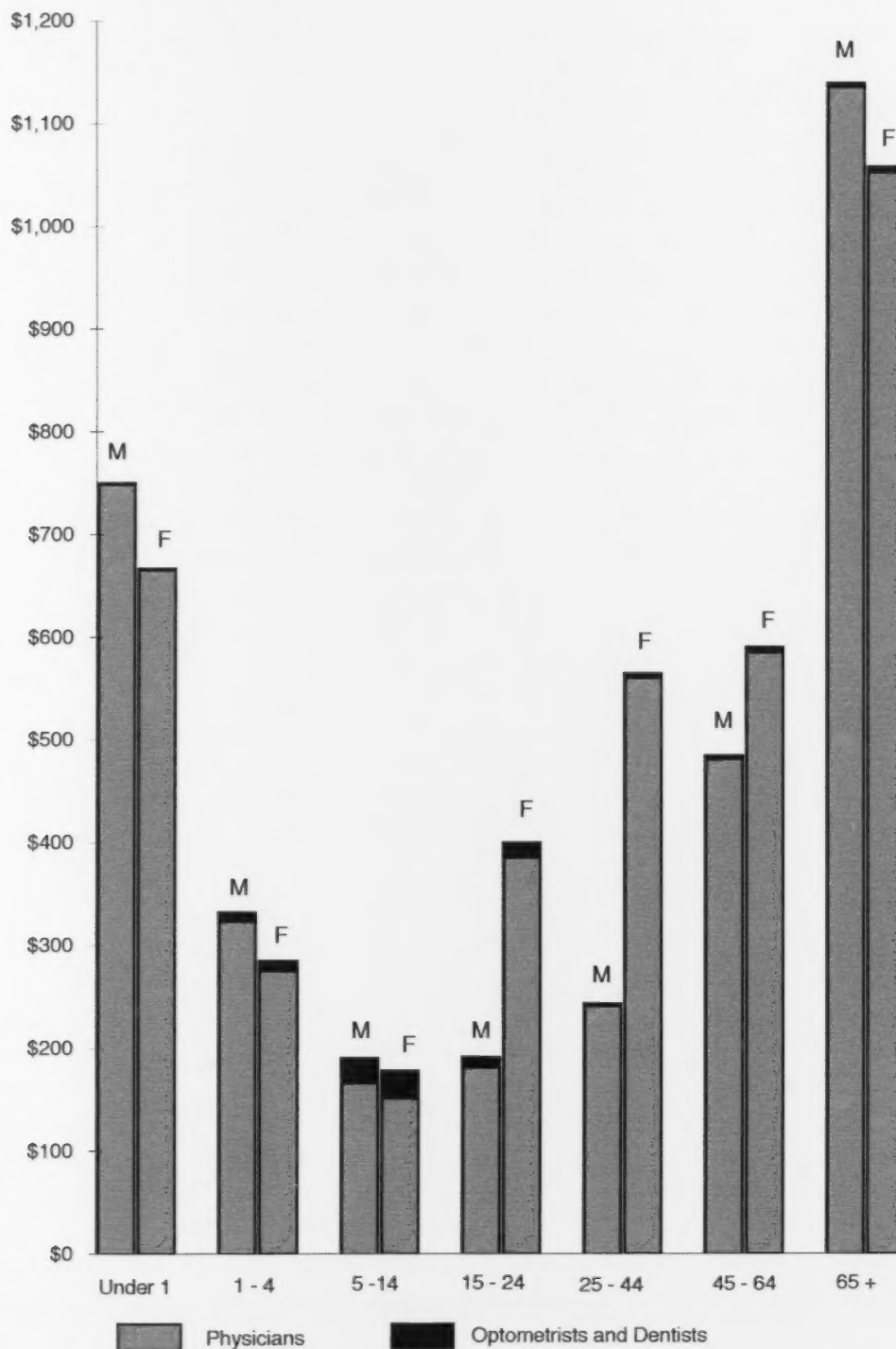
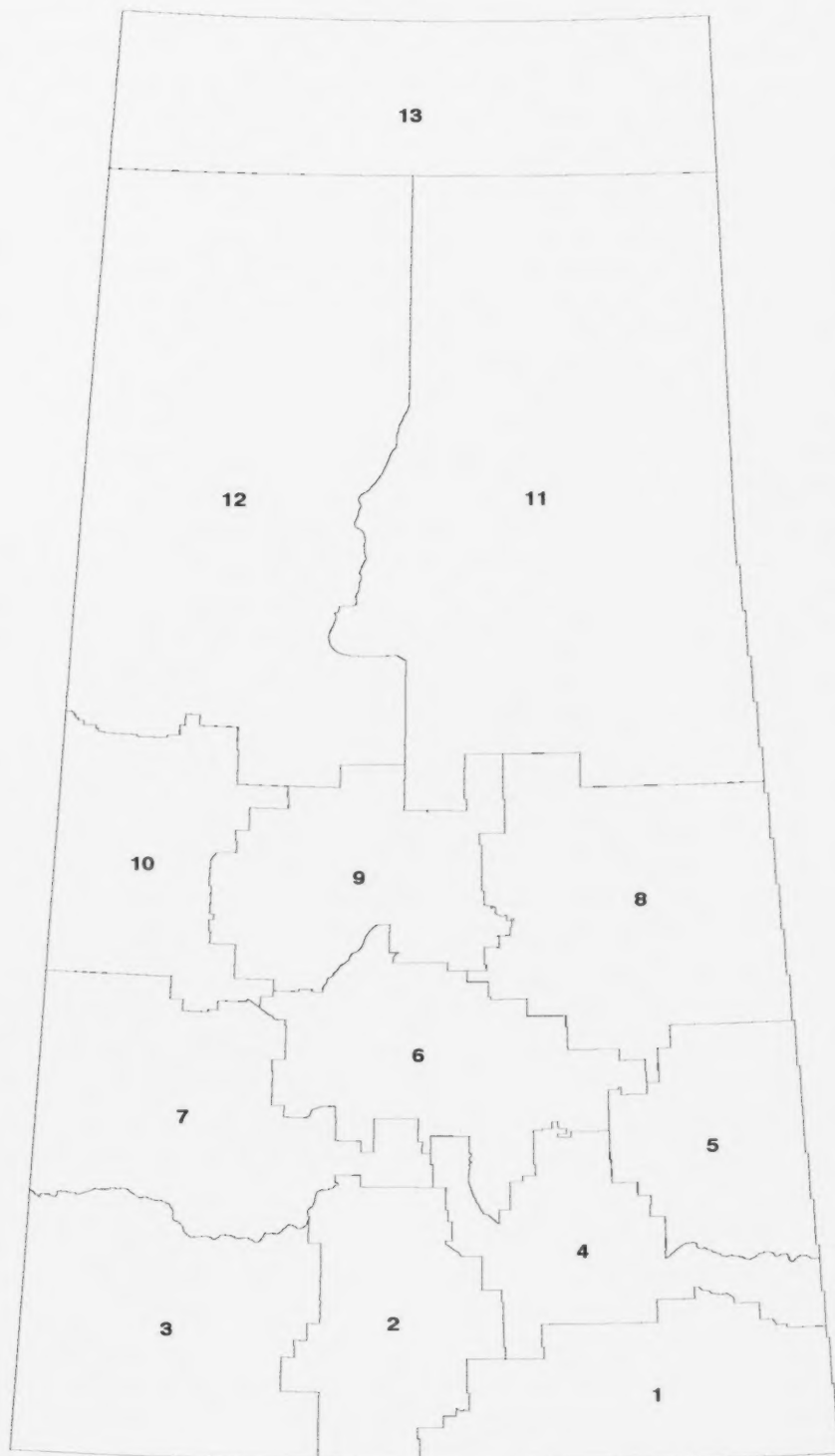


Figure 4
Map of Regional Health Authorities



1. Sun Country
2. Five Hills
3. Cypress
4. Regina Qu'Appelle
5. Sunrise
6. Saskatoon
7. Heartland
8. Kelsey Trail
9. Prince Albert Parkland
10. Prairie North
11. Mamawetan Churchill River
12. Keewatin Yatthé
13. Athabasca Health Authority

Table 1
Analysis of Per Cent Change in Per Capita Costs

Year	Gross Payments for Insured Services ¹ (000s)	Total Per Cent Change in Per Capita Costs ²	Per Cent Change Due to Fee Schedule Increases ⁴	Per Cent Change Due to Utilization Increases ⁵
2007-08 ^{3,6}	466,585	3.66	4.81	-1.10
2008-09 ⁶	465,619	1.31	3.59	-2.20
2009-10 ³	492,721	5.74	2.43	3.23
2010-11	520,972	2.36	7.12	-4.44
2011-12	539,691	2.28	1.34	0.93
Average Annual Per Cent Change 2007-08 to 2011-12	3.74	2.92	3.62	-0.62

¹ All physician, optometric and dental insured services are included. Includes payments for specialist emergency coverage but excludes payments for specialist emergency coverage.

² 2010-11 cost per capita figures have been adjusted for program coverage and covered population to allow for comparison to the previous year. The total per cent change in per capita costs is equal to the per cent change due to fee increases multiplied by the per cent change due to utilization increases.

³ Lump sum payments in lieu of retroactive amendments to Payment Schedules made to physicians and optometrists in 2007-08, and dentists and dental surgeons in 2007-08 and 2009-10 are included. Lump sum payments made in 2011-12 for retroactive amendments to the physician Payment Schedule have been allocated to 2009-10 and 2010-11.

⁴ Fee schedule increases are based on theoretical values of fee and new items increases.

⁵ The change in utilization may be affected by changes in data capture for physicians participating in or switching to non-fee-for-service arrangements.

⁶ An adjustment was made for the extra pay run in 2007-08 prior to per capita cost and utilization calculations.

Table 2
Adjustments and Recoveries by the Medical Services Plan

	2010-11		2011-12	
	Number of Practitioners	Adjustment or Recovery (000's)	Number of Practitioners	Adjustment or Recovery (000's)
Routine Assessment on In-Province Claims ¹	2,174	\$6,654.0	2,054	(\$318.6)
Routine Assessment on Out-of-Province Claims ¹	--	1,140.4	--	1,594.5
Special MSP Studies and Professional Review Activity ²	10	247.2	14	229.8
Third Party Liability Recoveries	--	2,298.7	--	2,334.3
Total	--	\$10,340.3	--	\$3,840.0

¹ The dollar adjustments represent the difference between the amount on claims submitted and the amount assessed, including adjustments resulting from verification programs. The In-Province number is net of time of day, paediatric and age premiums, which are system generated, and any lump sum retroactive payments to practitioners.

² The dollar amounts are recoveries resulting from the correction of payments as revealed by special studies by the MSP and Professional Review Committees.

Table 3
Claims Paid by Method of Billing

Claims Received from:	<u>Number of Claims Paid</u>		<u>Per Cent of Claims Paid</u>	
	2010-11	2011-12	2010-11	2011-12
Physicians, Dentist & Dental Surgeons.....	8,060,894	7,735,828	98.31	98.13
In-Province Claims ¹	7,788,445	7,457,204	94.98	94.60
Out-of-Province Reciprocal Billing ²	269,880	275,148	3.29	3.49
Other Out-of-Province	2,569	3,476	0.03	0.04
Optometrists³	135,698	144,715	1.65	1.84
In-Province Claims	134,248	143,426	1.64	1.82
Out-of-Province	1,450	1,289	0.02	0.02
Beneficiaries.....	3,068	2,679	0.04	0.03
Total.....	8,199,660	7,883,222	100.00	100.00

¹ Includes claims for services provided to beneficiaries of other provinces through reciprocal billing arrangements. Includes claims for insured dental services and for SGI driver medicals and visual exams.

² Claims for services provided to Saskatchewan beneficiaries in other provinces through reciprocal billing arrangements.

³ Includes claims for optometrist services covered by the Supplementary Health Program.

Note: See "Data Limitations" on page 10.

Table 4
Services and Payments by Age and Sex of Beneficiaries

Age Groups	Number of Beneficiaries as at June 30, 2011		Rate Per 1,000 Beneficiaries			
	Male	Female	Services		Payments	
			Male	Female	Male	Female
A. Physicians						
Under 1	7,295	6,805	13,434	12,376	748,963	665,626
1 - 4	29,478	28,351	6,545	5,747	323,514	275,580
5 - 14	67,903	65,135	4,131	3,946	165,779	151,338
15 - 24	79,867	75,568	4,137	8,774	181,087	385,749
25 - 44	144,589	139,622	5,468	11,851	241,086	560,549
45 - 64	144,106	141,412	10,061	13,009	481,362	585,321
65 and over	68,685	85,311	23,411	23,561	1,134,103	1,051,315
All Beneficiaries.....	541,923	542,204	8,766	12,304	411,205	575,758
B. Optometrists						
Under 1	7,295	6,805	19	19	980	974
1 - 4	29,478	28,351	168	177	8,736	9,216
5 - 14	67,903	65,135	452	495	23,836	26,029
15 - 24	79,867	75,568	145	195	7,342	9,713
25 - 44	144,589	139,622	36	68	1,364	2,562
45 - 64	144,106	141,412	47	72	1,798	2,805
65 and over	68,685	85,311	73	113	2,811	4,287
All Beneficiaries.....	541,923	542,204	119	150	5,756	7,041
D. Dentists						
Under 1	7,295	6,805	1	0	144	62
1 - 4	29,478	28,351	1	1	33	139
5 - 14	67,903	65,135	17	19	772	815
15 - 24	79,867	75,568	23	34	2,993	4,487
25 - 44	144,589	139,622	10	15	1,148	1,455
45 - 64	144,106	141,412	15	20	1,715	1,844
65 and over	68,685	85,311	11	15	1,103	1,123
All Beneficiaries.....	541,923	542,204	14	19	1,443	1,764

Notes: 1) Includes out-of-province services and costs.

2) Excludes payments for specialist and rural emergency coverage programs.

3) Includes optometric services covered by the Supplementary Health Program.

4) For comparative purposes, payment figures in this table have been adjusted to exclude retroactive payments for services provided in previous years, pursuant to the agreement with the Saskatchewan Medical Association.

5) See "Data Limitations" on page 10.

Table 5
Beneficiaries, Payments and Services by Dollar Value of Benefits

Dollar Value of Benefits	2010-11				2011-12			
	Number of Beneficiaries	% of Beneficiaries	% of Payments	% of Services	Number of Beneficiaries	% of Beneficiaries	% of Payments	% of Services
A. Physicians Only								
\$ 0.00 ¹	172,334	16.1	--	<0.1	182,402	16.8	--	<0.1
\$ 0.01 - \$ 25.00.....	8,562	0.8	0.0	0.1	9,169	0.8	0.0	0.1
\$ 25.01 - \$ 50.00.....	99,149	9.3	0.7	1.1	97,622	9.0	0.6	1.0
\$ 50.01 - \$ 100.00.....	132,608	12.4	2.1	3.0	120,384	11.1	1.8	2.5
\$100.01 - \$ 250.00.....	232,868	21.8	8.2	11.2	223,456	20.6	7.1	9.8
\$250.01 - \$ 500.00.....	177,861	16.6	13.5	16.8	178,800	16.5	12.2	15.4
\$500.01 - \$1,000.00.....	126,993	11.9	18.9	20.7	136,698	12.6	18.3	20.4
\$1,000.01 - \$1,500.00.....	49,844	4.7	13.0	12.9	52,625	4.9	12.3	12.7
\$1,500.01 - \$2,000.00.....	27,236	2.5	10.0	8.7	29,630	2.7	9.8	8.9
\$2,000.01 - \$5,000.00.....	36,750	3.4	22.4	18.2	45,221	4.2	24.8	20.2
Over \$5,000.00.....	6,272	0.6	11.2	7.3	8,120	0.7	13.2	8.9
Total	1,070,477	100.0	100.0	100.0	1,084,127	100.0	100.0	100.0
B. Optometrists Only								
\$ 0.00 ¹	958,130	89.5	--	<0.1	965,223	89.0	--	<0.1
\$ 0.01 - \$ 25.00.....	216	0.0	0.1	0.2	24	0.0	0.0	0.0
\$ 25.01 - \$ 50.00.....	11,285	1.1	7.2	8.2	14,919	1.4	9.2	10.2
Over \$50.00.....	100,846	9.4	92.7	91.6	103,961	9.6	90.8	89.7
Total	1,070,477	100.0	100.0	100.0	1,084,127	100.0	100.0	100.0

¹ The number of beneficiaries in this category is a residual, representing the difference between the number for whom a claim was paid at any time during the year and the total of beneficiaries at June 30 of the stated year.

Notes: 1) Includes out-of-province services and costs.

2) Excludes payments for specialist and rural emergency coverage programs.

3) Includes optometric services covered by the Supplementary Health Program.

4) See "Data Limitations" on page 10.

Table 6
Physician Services and Payments by Age and Sex (In-&-Out-of-Province)

Age Groups	Sex	Population		Per Cent Treated	Average Per Person Insured		Average Per Person Treated		Average Payment Per Service
		Insured ¹	Treated ²		Services	Cost	Services	Cost	
Under 1	M	7,295	8,507	100.00	13.43	748.96	11.52	642.26	55.75
	F	6,805	8,077	100.00	12.38	665.63	10.43	560.80	53.78
	T	14,100	16,584	100.00	12.92	708.74	10.99	602.59	54.84
1 - 4	M	29,478	26,007	88.23	6.55	323.51	7.42	366.69	49.43
	F	28,351	24,545	86.58	5.75	275.58	6.64	318.31	47.96
	T	57,829	50,552	87.42	6.15	300.01	7.04	343.20	48.75
5 - 9	M	33,669	25,024	74.32	4.39	177.12	5.91	238.32	40.31
	F	32,216	24,028	74.58	4.13	161.07	5.54	215.96	38.97
	T	65,885	49,052	74.45	4.27	169.27	5.73	227.36	39.67
10 - 14	M	34,234	23,054	67.34	3.87	154.62	5.75	229.60	39.93
	F	32,919	22,563	68.54	3.76	141.81	5.49	206.90	37.69
	T	67,153	45,617	67.93	3.82	148.34	5.62	218.37	38.85
15 - 19	M	38,225	25,857	67.64	4.15	180.37	6.14	266.64	43.43
	F	36,276	29,447	81.17	7.12	304.71	8.77	375.38	42.82
	T	74,501	55,304	74.23	5.60	240.91	7.54	324.54	43.05
20 - 24	M	41,642	27,063	64.99	4.12	181.75	6.34	279.66	44.09
	F	39,292	34,873	88.75	10.30	460.56	11.61	518.93	44.70
	T	80,934	61,936	76.53	7.12	317.11	9.31	414.38	44.52
25 - 29	M	40,549	26,990	66.56	4.48	192.69	6.74	289.49	42.98
	F	38,785	35,232	100.00	12.59	618.73	13.86	681.12	49.16
	T	79,334	62,222	78.43	8.44	400.97	10.77	511.24	47.48
30 - 34	M	37,056	25,869	69.81	5.16	227.41	7.39	325.75	44.08
	F	35,432	31,848	89.88	12.78	629.55	14.22	700.40	49.26
	T	72,488	57,717	79.62	8.88	423.97	11.16	532.48	47.72
35 - 39	M	33,786	24,109	71.36	5.80	259.09	8.13	363.09	44.64
	F	32,941	28,957	87.91	11.27	516.29	12.82	587.33	45.82
	T	66,727	53,066	79.53	8.50	386.06	10.69	485.45	45.42
40 - 44	M	33,198	24,180	72.84	6.68	297.15	9.16	407.97	44.52
	F	32,464	27,752	85.49	10.55	460.64	12.34	538.85	43.65
	T	65,662	51,932	79.09	8.59	377.98	10.86	477.91	43.99
45 - 49	M	38,865	28,695	73.83	7.37	337.02	9.98	456.47	45.73
	F	38,524	32,827	85.21	11.19	494.98	13.14	580.89	44.22
	T	77,389	61,522	79.50	9.27	415.65	11.67	522.86	44.82
50 - 54	M	40,164	32,019	79.72	8.90	406.74	11.16	510.20	45.71
	F	39,189	35,059	89.46	12.48	551.70	13.95	616.69	44.20
	T	79,353	67,078	84.53	10.67	478.33	12.62	565.86	44.84
55 - 59	M	36,143	31,007	85.79	11.17	550.84	13.02	642.08	49.33
	F	35,046	32,323	92.23	13.65	626.33	14.80	679.10	45.90
	T	71,189	63,330	88.96	12.39	588.00	13.92	660.97	47.47
60 - 64	M	28,934	25,973	89.77	13.91	692.04	15.50	770.94	49.75
	F	28,653	26,630	92.94	15.39	702.60	16.56	755.98	45.65
	T	57,587	52,603	91.35	14.65	697.30	16.03	763.36	47.61
65 - 69	M	20,659	19,780	95.75	17.34	884.30	18.11	923.59	50.99
	F	20,968	20,603	98.26	18.52	901.30	18.85	917.27	48.67
	T	41,627	40,383	97.01	17.93	892.86	18.49	920.36	49.79
70 - 74	M	16,073	15,434	96.02	20.82	1045.31	21.69	1088.59	50.20
	F	17,626	17,191	97.53	21.00	996.12	21.53	1021.33	47.43
	T	33,699	32,625	96.81	20.92	1019.59	21.60	1053.15	48.75
75 & Over	M	31,953	32,900	100.00	28.64	1340.28	27.81	1301.70	46.80
	F	46,717	47,778	100.00	26.79	1139.47	26.20	1114.17	42.53
	T	78,790	80,678	100.00	27.50	1219.17	26.86	1190.64	44.33
Total all ages	M	541,923	422,468	77.96	8.77	411.21	11.24	527.48	46.91
	F	542,204	479,733	88.48	12.30	557.12	13.91	629.67	45.28
	T	1,084,127	902,201	83.22	10.54	484.18	12.66	581.82	45.96

¹ Population as at June 30, 2011. ² Population treated at anytime during the fiscal year.

Notes: 1) Excludes payments for specialist and rural emergency coverage programs.

2) Payment figures in this table exclude retroactive payments, pursuant to the agreement with the Saskatchewan Medical Association.

3) Comparisons of services to previous years' Annual Statistical Reports would be affected by the time of day, age and pediatric premiums which are no longer counted as individual services.

Table 7
Services by Type of Service

Type of Service ¹	Number of Services (000's)		Number of Services Per 1,000 Beneficiaries		Per Cent Change 2010-11 to 2011-12
	2010-11	2011-12	2010-11	2011-12	
In-Province Physician Services.....	10,840.4	10,787.4	10,127	9,951	-1.74
Consultations.....	495.6	492.1	463	454	-1.95
Major Assessments.....	480.4	485.1	449	447	-0.28
Other Assessments.....	4,097.2	3,983.7	3,827	3,675	-3.99
Psychotherapy.....	395.7	388.1	370	358	-3.16
	5,468.8	5,349.0	5,109	4,934	-3.42
 Hospital Care.....	 617.5	 602.4	 577	 556	 -3.67
 Special Calls and Emergency.....	 246.5	 238.1	 230	 220	 -4.63
 Major Surgery.....	 123.4	 126.9	 115	 117	 1.55
Minor Surgery.....	216.2	216.4	202	200	-1.18
Surgical Assistance.....	137.9	146.4	129	135	4.82
Obstetrics.....	27.3	27.3	26	25	-1.38
Anaesthesia.....	664.9	700.3	621	646	4.00
	1,169.8	1,217.3	1,093	1,123	2.75
 Diagnostic Radiology.....	 276.5	 267.8	 258	 247	 -4.36
Laboratory Services.....	342.3	332.5	320	307	-4.09
Other Diagnostic and Therapeutic Services.....	1,763.5	1,827.0	1,647	1,685	2.30
Special and Miscellaneous Services.....	955.6	953.6	893	880	-1.46
	3,337.9	3,380.9	3,118	3,119	0.01
In-Province Dental Services.....	17.8	17.4	17	16	-3.48
In-Province Optometric Services.....	133.1	140.8	124	130	4.39
Refractions by Optometrists.....	93.9	95.6	88	88	0.57
Other Optometric Services.....	39.3	45.1	37	42	13.38
Out-of-Province Services					
Physician Services.....	619.3	634.6	579	585	1.18
Dental Services.....	0.1	0.1	—	—	—
Optometric Services.....	4.0	4.9	4	5	22.00
All Services.....	11,614.6	11,585.1	10,850	10,686	-1.51

¹ The "Definitions of Service Groupings", page 11, describe inclusions in these classifications.

Notes: 1) Includes optometric services covered by the Supplementary Health Program.

2) See "Data Limitations" on page 10.

Table 8
Payments by Type of Service

Type of Service ¹	Dollar Payments (000's)		Dollar Payments Per 1,000 Beneficiaries		Per Cent Change 2010-11 to 2011-12
	2010-11 ³	2011-12	2010-11 ³	2011-12	
In-Province Physician Services.....	479,165	497,491	447,618	458,887	2.52
Consultations.....	57,053	59,618	53,297	54,992	3.18
Major Assessments.....	30,090	30,803	28,109	28,412	1.08
Other Assessments.....	146,039	147,776	136,425	136,309	-0.08
Psychotherapy.....	16,869	17,540	15,759	16,179	2.67
	250,052	255,736	233,589	235,892	0.99
 Hospital Care.....	 17,710	 17,538	 16,544	 16,177	 -2.22
Special Calls and Emergency.....	5,934	7,718	5,543	7,119	28.42
Major Surgery.....	46,445	47,974	43,388	44,252	1.99
Minor Surgery.....	6,888	7,335	6,434	6,766	5.16
Surgical Assistance.....	11,239	12,197	10,499	11,251	7.16
Obstetrics.....	11,041	12,039	10,314	11,105	7.67
Anaesthesia.....	30,251	32,751	28,260	30,209	6.90
	105,864	112,297	98,895	103,583	4.74
Diagnostic Radiology.....	12,901	12,756	12,052	11,766	-2.37
Laboratory Services.....	1,478	1,454	1,380	1,341	-2.84
Other Diagnostic and Therapeutic Services.....	68,505	72,186	63,995	66,584	4.05
Special and Miscellaneous Services ²	16,720	17,807	15,619	16,425	5.16
	99,604	104,202	93,046	96,116	3.30
In-Province Dental Services.....	1,827	1,720	1,707	1,586	-7.06
In-Province Optometric Services.....	6,207	6,697	5,798	6,177	6.53
Refractions by Optometrists.....	4,989	5,187	4,660	4,785	2.67
Other Optometric Services.....	1,218	1,510	1,138	1,393	22.36
 Out-of-Province Services					
Physician Services.....	32,814	34,382	30,653	31,702	3.42
Dental Services.....	33	15	31	14	-54.28
Optometric Services.....	191	239	178	221	24.05
All Services.....	520,236	540,545	485,986	498,599	2.59

¹ The "Definitions of Service Groupings", page 11, describe inclusions in these classifications.

² Includes payments for the rural emergency coverage program but excludes payments for the specialist emergency coverage program.

³ For comparative purposes, payment figures in this table have been adjusted to include retroactive payments for services provided in previous years, pursuant to the agreement with the Saskatchewan Medical Association.

Notes: 1) Includes optometric services covered by the Supplementary Health Program.

2) Payments for prior-approved services in the United States have been adjusted to reflect their value in Canadian Funds.

3) See "Data Limitations" on page 10.

Table 9
Average Payment Per Service by Type of Service and Type of Practitioner

Type of Service ¹	2010-11 ³			2011-12		
	General Practitioners (\$)	Specialists (\$)	All Practitioners (\$)	General Practitioners (\$)	Specialists (\$)	All Practitioners (\$)
In-Province Physician Services.....	32.32	63.29	44.20	33.79	64.73	46.12
Consultations.....	78.70	116.78	115.13	81.53	123.04	121.15
Major Assessments.....	59.30	78.56	62.64	60.29	81.05	63.50
Other Assessments.....	34.46	45.50	35.64	35.71	47.73	37.10
Psychotherapy.....	36.39	65.26	42.63	37.31	61.22	45.20
	37.03	79.85	45.72	38.43	82.81	47.81
Hospital Care.....	28.91	28.37	28.68	28.87	29.42	29.11
Special Calls and Emergency.....	23.69	24.74	24.07	31.95	33.18	32.42
Major Surgery.....	247.84	381.34	376.41	249.04	382.85	378.21
Minor Surgery.....	17.91	77.17	31.85	18.82	79.27	33.91
Surgical Assistance.....	71.41	161.40	81.50	73.09	156.44	83.34
Obstetrics.....	475.22	364.56	403.95	515.03	402.42	440.66
Anaesthesia	42.08	45.92	45.50	42.85	47.25	46.77
	54.73	107.39	90.50	56.69	108.43	92.26
Diagnostic Radiology.....	0.00	46.66	46.66	0.00	47.64	47.64
Laboratory Services.....	4.16	7.07	4.32	4.31	5.40	4.37
Other Diagnostic and Therapeutic Services.....	14.31	45.12	38.85	15.32	45.12	39.51
Special and Miscellaneous Services ²	9.67	15.49	10.90	10.18	15.86	11.39
	9.59	41.84	27.95	10.13	42.05	28.77
In-Province Dental Services.....	--	--	102.61	--	--	98.72
In-Province Optometric Services.....	--	--	46.62	--	--	47.58
Refractions by Optometrists.....	--	--	53.15	--	--	54.24
Other Optometric Services.....	--	--	31.02	--	--	33.46
Out-of-Province Services						
Physician Services.....	46.15	56.94	52.99	46.17	58.70	54.16
Dental Services.....	--	--	495.77	--	--	248.06
Optometric Services.....	--	--	48.12	--	--	48.93
All Services.....	32.78	62.75	44.49	34.21	64.21	46.66

¹ The "Definitions of Service Groupings", page 11, describe inclusions in these classifications.

² Excludes payments for specialist and rural emergency coverage programs and retroactive lump sum payments to physicians to avoid distortion.

³ For comparative purposes, payment figures in this table have been adjusted to include retroactive payments for services provided in previous years, pursuant to the agreement with the Saskatchewan Medical Association.

Notes: 1) Includes optometric services covered by the Supplementary Health Program.

2) See "Data Limitations" on page 10.

Table 10
Per Cent of Services and Payments by Type of Service

Type of Service ¹	Per Cent of Total Services		Per Cent of Total Payments	
	2010-11 ³	2011-12	2010-11 ³	2011-12
In-Province Physician Services.....	92.85	93.11	92.11	92.04
Consultations.....	4.24	4.25	10.97	11.03
Major Assessments.....	4.11	4.19	5.78	5.70
Other Assessments.....	35.09	34.39	28.07	27.34
Psychotherapy.....	3.39	3.35	3.24	3.24
	46.84	46.17	48.07	47.31
Hospital Care.....	5.29	5.20	3.40	3.24
Special Calls and Emergency.....	2.11	2.06	1.14	1.43
Major Surgery.....	1.06	1.10	8.93	8.88
Minor Surgery.....	1.85	1.87	1.32	1.36
Surgical Assistance.....	1.18	1.26	2.16	2.26
Obstetrics.....	0.23	0.24	2.12	2.23
Anaesthesia	5.69	6.04	5.81	6.06
	10.02	10.51	20.35	20.78
Diagnostic Radiology.....	2.37	2.31	2.48	2.36
Laboratory Services.....	2.93	2.87	0.28	0.27
Other Diagnostic and Therapeutic Services.....	15.10	15.77	13.17	13.35
Special and Miscellaneous Services ²	8.18	8.23	3.21	3.29
	28.59	29.18	19.15	19.28
In-Province Dental Services.....	0.15	0.15	0.38	0.32
In-Province Optometric Services.....	1.14	1.22	1.28	1.24
Refractions by Optometrists.....	0.80	0.83	1.03	0.96
Other Optometric Services.....	0.34	0.39	0.25	0.28
Out-of-Province Services				
Physician Services.....	5.30	5.48	6.75	6.36
Dental Services.....	0.00	0.00	0.01	0.00
Optometrist Services.....	0.03	0.04	0.04	0.04
All Services.....	100.00	100.00	100.00	100.00

¹ The "Definitions of Service Groupings", page 11, describe inclusions in these classifications.

² Includes payments for the rural emergency coverage program but excludes specialist emergency coverage program payments.

³ For comparative purposes, payment figures in this table have been adjusted to include retroactive payments for services provided in previous years, pursuant to the agreement with the Saskatchewan Medical Association.

Notes: 1) Includes optometric services covered by the Supplementary Health Program.

2) See "Data Limitations" on page 10.

Table 11
Payments (\$000s) for Out-of-Province Services by Location and Type of Practitioner

Type of Practitioner	All Locations	Location of Services							
		Merrittimes & Territories	Quebec	Ontario	Manitoba	Alberta	British Columbia	United States	Rest of the World
General Practitioners.....	10,616.1	85.2	25.9	331.5	1,458.6	7,639.7	905.0	120.4	49.9
US Services with Prior Approval.....	1,876.8	-	-	-	-	-	-	1,876.8	-
Specialists									
Paediatricians and									
Medical Geneticists.....	1,027.6	4.3	1.6	33.6	57.1	897.8	28.5	4.7	0.1
Internists and Physiatrists.....	3,370.7	10.5	9.6	97.3	247.1	2,751.4	149.5	101.0	4.2
Neurologists.....	250.3	1.4	0.4	7.3	32.5	192.3	13.4	3.0	0.0
Psychiatrists.....	1,019.3	5.7	10.4	60.7	52.1	792.0	97.3	1.0	0.2
Dermatologists.....	186.2	19.6	0.3	7.0	6.8	147.4	4.4	0.5	0.1
Anaesthetists.....	3,027.3	7.8	9.8	122.6	155.0	2,586.4	115.1	30.2	0.4
General and									
Thoracic Surgeons.....	3,074.3	10.9	16.9	69.8	295.7	2,566.8	80.5	32.9	0.9
Orthopaedic Surgeons.....	1,124.6	2.5	7.1	47.6	171.1	797.0	83.3	14.8	1.2
Plastic and									
Reconstructive Surgeons.....	365.5	1.0	0.6	20.4	13.1	309.6	18.6	1.4	0.8
Neurological Surgeons.....	306.2	0.0	2.0	13.2	57.3	208.4	17.3	7.9	0.0
Obstetricians and									
Gynaecologists.....	1,070.3	12.3	4.1	53.7	123.8	836.3	36.1	3.7	0.4
Urological Surgeons.....	366.2	0.5	0.5	12.5	36.6	296.7	17.3	2.0	0.0
Ophthalmologists.....	751.0	2.8	0.5	27.4	50.0	618.1	45.1	6.9	0.1
Otolaryngologists.....	586.4	2.5	0.4	6.8	22.5	530.5	22.7	1.1	0.1
Pathologists.....	3,325.4	0.8	0.1	65.3	20.1	3,129.5	102.8	6.0	0.8
Diagnostic Radiologists.....	2,037.6	4.0	1.0	48.5	221.0	1,721.8	35.9	5.1	0.4
All Physicians.....	34,382.1	171.8	91.2	1,025.1	3,020.3	26,021.6	1,772.9	2,219.6	59.5
Dentists.....	15.4	0.9	1.3	0.1	0.0	11.8	0.0	1.3	0.0
Optometrists.....	239.4	0.0	0.0	0.0	27.5	211.2	0.2	0.5	0.0

Notes: 1) Includes optometric services covered by the Supplementary Health Program.

2) Saskatchewan reimburses the other provinces or territories, except Quebec, for physician services according to the physician Payment Schedule rates of the other provinces or territories. See "Out-of-Province Services" on page 8.

3) Payments for prior-approved services in the United States have been adjusted to reflect their value in Canadian funds.

4) See "Data Limitations" on page 10.

Table 12

Payments (\$000s) to Saskatchewan Physicians for Services Provided to Beneficiaries of Other Provinces or Territories

Type of Practitioner	Home Province or Territory of Beneficiary											
	All Locations	Newfoundland	PEI	Nova Scotia	New Brunswick	Ontario	Manitoba	Alberta	British Columbia	NWT	Yukon	Nunavut
General Practitioners.....	4,557.2	50.6	19.2	90.7	71.3	559.4	1,245.0	1,852.3	622.4	24.6	12.3	9.5
Specialists												
Paediatricians and												
Medical Geneticists.....	203.3	0.4	0.0	4.9	0.7	13.2	74.6	96.7	10.1	1.1	0.0	1.5
Internists and Psychiatrists.....	610.2	1.6	0.5	19.3	8.2	77.6	202.0	228.4	68.5	2.0	1.4	0.8
Neurologists.....	53.0	0.2	0.4	1.5	0.2	8.1	11.0	21.7	8.6	0.0	0.4	0.8
Cardiologists.....	275.2	0.2	0.7	10.0	3.1	31.6	96.2	86.2	45.2	0.7	1.0	0.3
Psychiatrists.....	151.6	2.1	0.1	2.0	1.1	15.2	24.7	70.0	27.1	1.5	0.8	7.1
Dermatologists.....	19.6	0.1	0.0	0.2	0.2	2.9	8.1	5.9	1.9	0.0	0.1	0.1
Anaesthetists.....	616.4	2.6	1.9	17.6	7.2	61.5	169.2	289.0	64.3	2.4	0.2	0.3
General Surgeons.....	631.0	1.2	3.1	12.4	6.1	47.5	198.6	316.9	43.7	1.3	0.0	0.2
Cardiac Surgeons.....	103.0	0.0	0.0	0.1	6.6	17.9	31.4	34.8	12.1	0.0	0.0	0.0
Orthopaedic Surgeons.....	437.4	3.7	2.4	7.2	2.3	38.9	92.8	245.8	43.7	0.1	0.5	0.0
Plastic and												
Reconstructive Surgeons.....	103.6	2.5	0.0	1.8	1.4	16.9	29.7	31.7	18.0	1.0	0.5	0.1
Neurological Surgeons.....	169.4	0.0	0.0	8.4	1.8	10.6	44.4	91.7	11.9	0.1	0.0	0.4
Obstetricians and												
Gynaecologists.....	747.5	1.1	1.3	5.1	3.4	45.4	437.0	209.9	37.5	4.3	1.6	1.0
Urological Surgeons.....	117.0	1.0	0.2	0.8	0.3	12.7	54.2	28.0	19.9	0.0	0.0	0.0
Ophthalmologists.....	744.2	1.5	0.2	2.2	0.6	11.2	414.4	290.8	21.6	0.8	0.3	0.7
Otolaryngologists.....	228.1	0.1	0.0	1.9	0.0	6.9	68.5	142.5	7.5	0.3	0.3	0.2
Pathologists.....	535.1	4.1	2.4	9.6	5.8	100.7	72.2	238.8	91.7	5.8	2.1	1.7
Diagnostic Radiologists.....	400.9	3.6	1.4	9.2	6.7	55.5	108.4	155.7	53.4	4.9	1.0	1.2
All Physicians.....	10,703.7	76.7	33.8	205.0	126.9	1,133.8	3,382.4	4,436.9	1,209.1	50.9	22.4	25.7

Notes: 1) Quebec is the only province that does not participate in a reciprocal billing agreement between provinces. See "Out-of-Province Services" on page 8.

2) Saskatchewan is reimbursed by the other provinces or territories at Saskatchewan Physician Payment Schedule rates.

3) See "Data Limitations" on page 10.

Table 13a
Payments (\$000s) for Out-of-Province Hospital Services by Location and Type of Care

	All Locations	Location of Services							United States	Rest of the World
		Maritimes & Territories	Quebec	Ontario	Manitoba	Alberta	British Columbia			
Inpatient Treatment – High Cost Procedures										
Organ Procurement Transplant.....	127.4	0.0	0.0	0.0	0.0	127.4	0.0	0.0	0.0	
Bone Marrow/Stem Cell Transplant.....	990.4	0.0	0.0	-44.7	317.6	717.5	0.0	0.0	0.0	
Lung Transplant.....	346.0	0.0	0.0	0.0	0.0	346.0	0.0	0.0	0.0	
Liver Transplant.....	906.4	0.0	0.0	109.7	0.0	796.7	0.0	0.0	0.0	
Cardiac Surgery with or without Valve Replacement.....	29.0	0.0	0.0	0.0	29.0	0.0	0.0	0.0	0.0	
Special Out-of-Country.....	5,696.8	0.0	0.0	0.0	0.0	0.0	0.0	5,710.8	-14.0	
Out-of-Country Pre-Approved.....	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Defibrillator Pacemaker Implantation.....	497.2	0.0	0.0	0.0	0.0	421.2	76.0	0.0	0.0	
Heart or Heart and Lung Transplant.....	344.0	0.0	0.0	0.0	0.0	344.0	0.0	0.0	0.0	
Cochlear Implant.....	977.7	0.0	0.0	0.0	0.0	49.9	0.0	806.2	121.6	
Other Pacemaker Insertion or Replacement.....	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Kidney or Kidney and Pancreas Transplant.....	1,008.3	0.0	0.0	47.9	29.8	930.6	0.0	0.0	0.0	
Other Inpatient Treatment by ICD-9 Chapter of Primary Diagnosis										
I. Infectious & Parasitic Diseases.....	1,034.7	0.0	4.1	19.3	28.6	839.8	61.9	75.4	5.7	
II. Neoplasms.....	4,355.2	58.8	20.1	196.9	325.3	3,316.3	110.0	327.7	0.2	
III. Endocrine, Nutritional & Metabolic Diseases & Immunity Disorders.....	1,057.8	0.0	11.1	21.2	361.6	563.9	77.9	20.5	1.7	
IV. Diseases of Blood & Blood-Forming Organs.....	901.5	0.0	6.0	10.6	48.6	177.0	10.5	738.8	0	
V. Mental Disorders.....	2,909.4	131.0	67.5	293.4	278.9	1,685.7	452.0	0.5	0.4	
VI. Diseases of Nervous System & Sense Organs.....	1,348.2	18.7	0.0	10.2	159.8	912.9	33.5	211.4	1.7	
VII. Diseases of the Circulatory System.....	6,592.5	82.9	37.0	195.1	302.0	5,466.6	476.2	27.6	5.1	
VIII. Diseases of the Respiratory System.....	2,191.1	0.0	1.5	79.7	174.1	1,803.4	121.6	6.2	4.6	
IX. Diseases of the Digestive System.....	3,303.5	27.0	22.4	177.2	301.7	2,594.7	148.9	23.0	8.59	
X. Diseases of the Genitourinary System.....	1,071.3	6.0	4.3	52.9	112.3	849.8	42.1	2.7	1.228	
XI. Complications of Pregnancy, Childbirth & the Puerperium.....	1,601.8	23.0	2.1	76.6	343.8	1,094.9	61.0	0.0	0.3	
XII. Diseases of the Skin & Subcutaneous Tissue.....	260.0	0.0	0.0	2.2	28.1	216.0	11.4	1.5	0.9	
XIII. Diseases of the Musculoskeletal System & Connective Tissue.....	2,337.5	5.0	16.0	7.8	372.4	1,856.0	79.7	0.4	0.3	
XIV. Congenital Anomalies.....	4,579.2	0.0	4.7	52.4	8.4	4,436.5	77.3	0.0	0	
XV. Certain Conditions Originating in the Perinatal Period.....	1,205.0	0.0	0.0	23.1	359.8	710.2	112.0	0.0	0	
XVI. Symptoms, Signs, & Ill-defined Conditions.....	6,452.2	18.5	40.8	270.7	497.9	5,154.3	462.0	3.6	4.536	
XVII. Injury and Poisoning.....	4,743.9	27.4	4.2	105.6	398.6	3,732.6	387.9	77.6	9.869	
Supplementary Classifications of Factors Influencing Health Status and Contacts with Health Services.....	2,647.3	16.5	263.6	117.9	114.7	1,988.3	146.3	0.0	0.0	
Outpatient Treatment										
Standard Outpatient Visit.....	13,137.5	286.6	106.5	653.8	1,370.4	9,761.0	891.3	49.3	18.7	
Day Care Surgery.....	2,051.6	12.4	4.2	65.2	661.3	1,192.0	113.6	1.6	1.3	
Haemodialysis.....	1,064.1	1.3	0.0	23.7	51.1	934.8	52.0	0.6	0.6	
Computerized Axial Tomography (CAT Scan).....	1,104.7	9.7	16.7	71.6	236.7	615.5	154.5	0.0	0.0	
Magnetic Resonance Imaging (MRI).....	662.7	3.7	1.3	32.1	65.2	547.3	13.1	0.0	0.0	
Positron Emission Tomography (PET Scan).....	403.9	0.0	0.0	0.0	131.3	268.2	4.5	0.0	0.0	
Radiotherapy Services.....	267.1	0.6	0.0	24.2	15.5	197.1	29.7	0.0	0.0	
Cancer Chemotherapy Visit.....	837.4	3.7	0.0	74.5	57.8	667.3	34.2	0.0	0.0	
Gamma Knife Procedure.....	714.0	0.0	0.0	0.0	714.0	0.0	0.0	0.0	0.0	
Brachytherapy.....	544.5	0.0	0.0	0.0	0.0	157.0	387.5	0.0	0.0	
Special Out-of-Country.....	3,124.6	0.0	0.0	0.0	0.0	0.0	0.0	3,082.7	41.9	
Other Outpatient Treatment.....	1,560.4	23.5	32.8	79.5	127.0	1,069.7	220.8	7.1	0.0	
Total.....	85,077.9	756.4	666.8	2,850.3	8,023.2	56,541.7	4,849.1	11,175.2	215.2	

Notes: 1) More than one of the same high cost procedure can occur during a single hospitalization.

2) Payments for high cost procedures performed during inpatient hospitalizations will include the authorized per diem rate of the hospital when the cost of the procedure is not all-inclusive.

3) Although all Cochlear Implants are performed in Alberta, payment for the device itself is made to the United States.

4) Data for hospitalizations in Flin Flon and Benito (Manitoba) are not included.

5) Payments for services in the United States have been adjusted to reflect their value in Canadian funds.

Table 13b
Number of Out-of-Province Hospital Cases by Location and Type of Care

	All Locations	Location of Services							
		Maritimes & Territories	Quebec	Ontario	Manitoba	Alberta	British Columbia	United States	Rest of the World
Inpatient Treatment – High Cost Procedures									
Organ Procurement Transplant.....	1	0	0	0	0	1	0	0	0
Bone Marrow/Stem Cell Transplant.....	10	0	0	0	4	6	0	0	0
Lung Transplant.....	2	0	0	0	0	2	0	0	0
Liver Transplant.....	8	0	0	1	0	7	0	0	0
Cardiac Surgery with or without Valve Replacement.....	0								
Special Out-of-Country.....	30	0	0	0	0	0	0	30	0
Out-of-Country Pre-Approved.....	0								
Defibrillator Pacemaker Implantation.....	27	0	0	0	0	24	3	0	0
Heart or Heart and Lung Transplant.....	3	0	0	0	0	3	0	0	0
Cochlear Implant.....	25	0	0	0	0	23	0	0	2
Other Pacemaker Insertion or Replacement.....	0								
Kidney or Kidney and Pancreas Transplant.....	32	0	0	1	1	30	0	0	0
Other Inpatient Treatment by ICD-9 Chapter of Primary Diagnosis									
I. Infectious & Parasitic Diseases.....	99	0	1	5	4	53	8	9	19
II. Neoplasms.....	365	6	2	25	47	262	17	5	1
III. Endocrine, Nutritional & Metabolic Diseases & Immunity Disorders.....	81	0	3	4	2	57	7	3	5
IV. Diseases of Blood & Blood-Forming Organs.....	39	0	1	1	6	26	1	4	0
V. Mental Disorders.....	213	3	7	32	28	95	44	2	2
VI. Diseases of Nervous System & Sense Organs.....	131	1	0	2	12	95	5	12	4
VII. Diseases of the Circulatory System.....	591	10	8	16	34	374	62	74	13
VIII. Diseases of the Respiratory System.....	338	0	1	17	39	235	19	15	12
IX. Diseases of the Digestive System.....	409	2	4	41	44	222	29	36	31
X. Diseases of the Genitourinary System.....	231	2	2	5	33	150	19	13	7
XI. Complications of Pregnancy, Childbirth & the Puerperium.....	507	10	1	31	111	333	19	0	2
XII. Diseases of the Skin & Subcutaneous Tissue.....	47	0	0	1	6	27	4	4	5
XIII. Diseases of the Musculoskeletal System & Connective Tissue.....	396	1	3	3	70	303	12	2	2
XIV. Congenital Anomalies.....	213	0	1	9	6	189	8	0	0
XV. Certain Conditions Originating in the Perinatal Period.....	78	0	0	2	32	37	7	0	0
XVI. Symptoms, Signs, & Ill-defined Conditions.....	874	5	9	49	130	568	81	16	16
XVII. Injury and Poisoning.....	542	3	2	24	52	344	63	24	30
Supplementary Classifications of Factors Influencing Health Status and Contacts with Health Services.....	366	3	2	8	35	296	22	0	0
Outpatient Treatment									
Standard Outpatient Visit.....	52,948	1,144	416	2,610	5,402	38,193	3,785	985	413
Day Care Surgery.....	1,974	12	4	62	622	1,139	106	16	13
Haemodialysis.....	2,455	3	0	53	115	2,114	146	12	12
Computerized Axial Tomography (CAT Scan).....	1,740	16	26	114	382	952	250	0	0
Magnetic Resonance Imaging (MRI).....	1,060	6	2	53	111	864	24	0	0
Positron Emission Tomography (PET Scan).....	323	0	0	0	105	215	3	0	0
Radiotherapy Services.....	855	2	0	75	48	614	116	0	0
Cancer Chemotherapy Visit.....	702	3	0	66	47	556	30	0	0
Gamma Knife Procedure.....	42	0	0	0	42	0	0	0	0
Brachytherapy.....	53	0	0	0	0	22	31	0	0
Special Out-of-Country.....	1,186	0	0	0	0	0	0	1,183	3
Other Outpatient Treatment.....	5,224	203	71	50	1,260	2,476	1,155	9	0
Total.....	74,220	1,435	566	3,360	8,830	50,907	6,076	2,454	592

Notes: 1) More than one of the same high cost procedure can occur during a single hospitalization.

2) Although all Cochlear Implants are performed in Alberta, the devices are purchased from the United States.

3) Data for hospitalizations in Flin Flon and Benito (Manitoba) are not included.

4) Standard Outpatient Visits on day of admission and any inpatient MRIs, CAT Scans, etc. are part of hospitalizations for other inpatient treatment by high cost procedure or by diagnosis.

Table 14a
Payments (\$000s) for Out-of-Province Residents Hospitalized in
Saskatchewan by Place and Type of Care

	All Locations	Home Province or Territory of Beneficiary					
		Maritimes & Territories	Quebec	Ontario	Manitoba	Alberta	British Columbia
Inpatient Treatment – High Cost Procedures							
Cardiac Catheterization with or without Stent(s).....	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Other Inpatient Treatment by ICD-9 Chapter of Primary Diagnosis							
I. Infectious & Parasitic Diseases.....	230.3	1.3	0.0	12.3	108.5	98.1	10.1
II. Neoplasms.....	1,184.5	454.2	13.0	103.7	210.0	327.2	76.3
III. Endocrine, Nutritional & Metabolic Diseases & Immunity Disorders.....	94.9	1.9	0.0	20.4	39.9	30.7	2.0
IV. Diseases of Blood and Blood-Forming Organs.....	217.5	14.3	0.0	7.4	72.8	120.0	3.0
V. Mental Disorders.....	2,194.1	111.8	7.3	267.4	308.1	1,197.9	301.5
VI. Diseases of the Nervous System & Sense Organs.....	210.4	43.0	0.0	19.5	45.5	91.5	10.9
VII. Diseases of the Circulatory System.....	2,616.9	58.1	1.9	175.8	1,000.7	1,127.4	253.1
VIII. Diseases of the Respiratory System.....	1,201.3	114.9	12.9	79.7	309.4	552.4	132.0
IX. Diseases of the Digestive System.....	999.4	77.7	33.6	85.4	381.9	349.6	71.2
X. Diseases of the Genitourinary System.....	402.2	1.8	3.7	55.0	186.9	123.3	31.5
XI. Complications of Pregnancy, Childbirth & the Puerperium.....	811.0	24.7	6.7	81.6	383.8	235.5	78.8
XII. Diseases of the Skin and Subcutaneous Tissue.....	168.8	17.3	0.0	21.8	49.3	75.3	5.0
XIII. Diseases of the Musculoskeletal System & Connective Tissue.....	514.2	39.5	0.9	41.9	162.9	202.2	66.7
XIV. Congenital Anomalies.....	257.8	1.4	0.0	0.7	32.2	223.8	-0.3
XV. Certain Conditions Originating in the Perinatal Period.....	468.5	0.0	0.0	29.6	287.7	71.8	79.4
XVI. Symptoms, Signs, and Ill-defined Conditions.....	2,370.4	76.7	112.0	394.9	750.8	605.0	430.9
XVII. Injury and Poisoning	1,788.1	56.0	29.9	403.7	568.8	531.8	197.9
Supplementary Classifications of Factors Influencing Health Status and Contacts with Health Services.....	699.2	26.3	0.0	9.7	195.6	98.4	369.1
Outpatient Treatment							
Standard Outpatient Visit.....	8,436.9	499.5	88.8	988.9	2,478.7	3,251.0	1,130.0
Day Care Surgery.....	1,613.4	37.5	4.2	48.1	820.7	637.5	65.3
Haemodialysis.....	137.5	0.0	1.8	41.3	39.6	51.7	3.1
Computerized Axial Tomography (CAT Scan).....	377.9	29.2	5.8	53.1	122.9	104.1	62.9
Magnetic Resonance Imaging (MRI).....	130.8	5.1	1.9	7.0	44.0	58.8	14.0
Radiotherapy Services.....	76.2	6.5	0.0	0.0	24.2	42.3	3.2
Cancer Chemotherapy Visit.....	117.6	0.0	0.0	7.2	27.7	63.1	19.6
Other Outpatient Treatment.....	295.0	16.8	2.7	31.7	63.0	133.8	47.1
Total.....	27,614.9	1,715.5	327.0	2,988.0	8,715.7	10,404.2	3,464.5

Notes: 1) More than one of the same high cost procedure can occur during a single hospitalization.

2) Payments for high cost procedures performed during inpatient hospitalizations will include the authorized per diem rate of the hospital when the cost of the procedure is not all-inclusive.

Table 14b

Number of Saskatchewan Hospital Cases for Services Provided to Out-of-Province Residents by Place of Residence and Type of Care

	All Locations	Maritimes & Territories	Home Province or Territory of Beneficiary				
			Quebec	Ontario	Manitoba	Alberta	British Columbia
Inpatient Treatment – High Cost Procedures – Cases							
Cardiac Catheterization with or without Stent(s).....	0	0	0	0	0	0	0
Other Inpatient Treatment by ICD-9 Chapter of Primary Diagnosis – Cases							
I. Infectious & Parasitic Diseases.....	34	1	0	1	14	15	3
II. Neoplasms.....	88	4	1	4	36	32	11
III. Endocrine, Nutritional & Metabolic Diseases & Immunity Disorders.....	23	1	0	2	12	7	1
IV. Diseases of Blood and Blood-Forming Organs.....	19	2	0	2	8	6	1
V. Mental Disorders.....	201	12	2	15	35	114	23
VI. Diseases of the Nervous System & Sense Organs.....	38	3	0	2	16	13	4
VII. Diseases of the Circulatory System.....	273	7	1	24	104	107	30
VIII. Diseases of the Respiratory System.....	235	13	2	17	62	113	28
IX. Diseases of the Digestive System.....	207	6	4	14	81	80	22
X. Diseases of the Genitourinary System.....	135	1	1	15	59	50	9
XI. Complications of Pregnancy, Childbirth & the Puerperium.....	293	7	2	29	142	82	31
XII. Diseases of the Skin and Subcutaneous Tissue.....	44	2	0	9	14	16	3
XIII. Diseases of the Musculoskeletal System & Connective Tissue.....	100	5	1	7	31	46	10
XIV. Congenital Anomalies.....	21	1	0	1	9	9	1
XV. Certain Conditions Originating in the Perinatal Period.....	62	0	0	3	43	12	4
XVI. Symptoms, Signs, and Ill-defined Conditions.....	578	22	7	69	242	175	63
XVII. Injury and Poisoning	300	15	5	32	84	123	41
Supplementary Classifications of Factors Influencing Health Status and Contacts with Health Services.....	109	4	0	6	43	33	23
Outpatient Treatment – Services							
Standard Outpatient Visit.....	32,956	1,972	358	3,846	9,640	12,765	4,375
Day Care Surgery.....	1,515	35	4	47	768	600	61
Haemodialysis.....	310	0	4	93	89	117	7
Computerized Axial Tomography (CAT Scan).....	588	45	9	82	192	163	97
Magnetic Resonance Imaging (MRI).....	207	9	3	11	69	93	22
Radiotherapy Services.....	271	20	0	0	76	165	10
Cancer Chemotherapy Visit.....	99	0	0	6	23	53	17
Other Outpatient Treatment.....	2,435	143	22	256	508	1,110	396
Total.....	41,141	2,330	426	4,593	12,400	16,099	5,293

Notes: 1) More than one of the same high cost procedure can occur during a single hospitalization.

2) Standard Outpatient Visits on the day of admission and any inpatient MRIs, CAT Scans, etc. are part of hospitalizations for other inpatient treatment by high cost procedure or by diagnosis.

Table 15
In-Province Physician Services by Type of Service and Type of Physician

Type of Service ¹ (000'S)	Type of Physician								
	General Practitioners	Paediatricians and Medical Geneticists	Internists and Psychiatrists	Neurologists	Cardiologists	Psychiatrists	Dermatologists	General Surgeons	Cardiac Surgeons
Visits									
Consultations.....	22.4	29.7	104.8	21.7	25.7	7.4	13.3	58.9	2.8
Special Eye Examination.....	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Major Assessments.....	410.06	12.6	11.8	0.4	1.3	3.3	2.7	2.8	0.0
Other Assessments.....	3,525.3	30.9	73.4	10.9	13.1	10.2	11.9	43.8	1.2
Hospital Care Days.....	336.3	32.0	160.4	11.1	24.4	9.9	0.0	17.9	0.2
Special Calls and Emergency									
Surcharges.....	144.7	4.2	17.0	2.7	2.7	1.4	0.3	9.3	0.5
Premiums.....	2.9	0.2	1.4	0.1	0.2	0.2	0.0	0.0	0.0
Psychotherapy									
Base Time ²	167.8	0.4	0.3	0.0	0.0	64.8	0.0	0.1	0.0
Additional Time.....	92.4	0.3	0.2	0.0	0.0	58.1	0.0	0.1	0.0
Major Surgery.....	4.4	0.0	0.4	0.5	0.1	0.0	0.1	17.0	7.0
Minor Surgery.....	162.3	0.0	0.3	0.0	0.2	0.0	8.9	6.7	0.3
Surgical Assistance.....	128.4	0.0	0.0	0.0	0.0	0.0	0.0	5.4	0.8
Obstetrics.....	9.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Anaesthesia									
Operative.....	72.0	0.0	0.5	0.0	0.0	0.0	0.0	0.0	0.0
Nerve Blocks and Epidurals.....	3.9	0.0	0.3	0.3	0.0	0.0	0.0	0.0	0.0
Diagnostic Radiology.....	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Pathology/									
Laboratory Services.....	312.8	0.2	0.0	0.0	0.0	0.0	0.2	0.0	0.0
Diagnostic Ultrasound.....	1.3	2.1	8.2	0.0	46.6	0.0	0.0	0.0	0.0
Other Diagnostic and									
Therapeutic Services.....	342.8	141.8	317.3	13.7	143.1	17.4	13.3	53.8	0.5
Special Services.....	137.0	0.3	0.2	0.0	0.0	0.0	1.0	10.1	0.0
Miscellaneous Services³.....	613.1	12.2	23.3	4.8	5.8	13.7	1.6	25.4	1.6
Total Services.....	6,489.2	267.0	719.8	66.3	263.1	186.3	53.1	251.4	15.0

¹ The "Definitions of Service Groupings", page 11, describe inclusions in these classifications.

² Represents the number of instances these types of services were provided during the year.

³ This category includes fee codes related to telephone/fax/email advice by physicians to physicians or allied health personnel, the fee code for hospital discharge and documentation, and the fee code for SSCN prioritization form completion.

Note: See "Data Limitations" on page 10.

Table 15
(Continued)

Type of Physician									Total Services
Orthopaedic Surgeons	Plastic and Reconstructive Surgeons	Neurological Surgeons	Obstetricians & Gynaecologists	Urological Surgeons	Ophthalmologists	Otolaryngologists	Anaesthetists	Pathologists and Diagnostic Radiologists	
42.0	14.2	7.5	41.7	11.4	46.5	28.1	13.8	0.4	492.1
0.0	0.0	0.0	0.0	0.0	0.6	0.0	0.0	0.0	0.6
0.4	0.1	0.0	10.5	3.2	20.7	4.5	0.0	0	484.5
53.7	13.5	4.8	80.4	6.6	80.1	20.2	3.8	0.0	3,983.7
2.3	0.1	2.0	4.3	0.8	0.2	0.5	0.0	0.0	602.4
7.0	1.4	1.3	7.8	0.9	1.6	0.9	16.5	0.3	220.8
0.0	0.0	0.0	0.0	0.0	0.0	0.0	12.3	0.0	17.3
0.0	0.0	0.0	2.0	0.0	0.0	0.0	0.0	0.0	235.4
0.0	0.0	0.0	1.7	0.0	0.0	0.0	0.0	0.0	152.7
26.7	7.9	5.6	8.4	5.4	34.6	8.8	0.0	0.1	126.8
1.8	8.0	0.1	1.5	1.5	18.0	6.6	0.0	0.1	216.3
2.2	1.2	0.7	5.3	1.5	0.0	0.9	0.0	0.0	146.4
0.0	0.0	0.0	18.0	0.0	0.0	0.0	0.0	0.0	27.3
0.0	0.0	0.0	0.0	0.0	0.0	0.0	593.6	0.0	666.2
0.4	0.0	0.1	0.1	0.1	0.0	0.0	27.9	0.9	34.1
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	267.8	267.8
0.0	0.0	0.0	19.3	0.0	0.0	0.0	0.0	0.0	332.4
0.0	0.0	0.0	21.4	0.5	10.9	0.0	0.3	137.8	229.1
19.4	1.9	1.1	25.4	8.7	375.6	86.1	7.3	28.7	1,598.0
0.0	0.4	0.0	19.1	0.0	0.0	0.0	0.0	0.0	168.0
20.0	1.9	2.8	25.6	5.6	15.1	12.5	0.2	0.3	785.6
175.9	50.5	26.2	292.6	46.2	603.8	169.1	675.7	436.4	10,787.5

Table 16

Selected In-Province Medical Procedures -- Patients, Services and Payments

Type of Procedure	Number of Services	Rate Per 1,000 Beneficiaries			Per Cent Change in Services/1000 2010-11 to 2011-12
		Patients	Payments	Services	
Electrocardiograms and Echocardiograms.....	434,231	161.95	10,675.82	400.54	-0.99
Allergy Investigations and Hyposensitization Injections.....	242,837	7.54	542.50	223.99	-9.84
Submission of Papanicolaou Smear.....	106,236	180.85 ^f	3,098.12 ^f	195.93 ^f	-7.36
Artificial Extra Corporeal Haemodialysis.....	87,470	1.00	4,014.75	80.68	-3.99
Optical Coherence Tomography.....	42,934	28.87	1,763.37	39.60	26.69
Plantar Wart Excision or Fulguration.....	30,300	12.09	521.35	27.95	-3.12
Removal of Cysts, Granulomata, Keratoses, Moles, Papilloma, Scars, Tumors or Warts.....	30,144	22.55	1,467.42	27.80	-3.09
Pulmonary Function Studies.....	27,813	16.37	1,115.26	25.65	-7.46
Colonoscopy.....	24,934	22.29	4,388.98	23.00	9.00
Arthrocentesis - Joint Injections					
Shoulder, Elbow, Knee.....	20,843	12.62	357.66	19.22	6.46
Upper GI Endoscopy.....	17,468	13.91	2,134.38	16.11	2.33
Psychological Testing.....	15,897	5.52	607.07	14.66	21.83
Delivery - Vaginal.....	9,879	18.01 ^f	14,501.72 ^f	18.22 ^f	-2.71
- Caesarean.....	2,882	5.31 ^f	4,232.83 ^f	5.32 ^f	-4.57
Suturing of Wounds.....	12,327	10.78	794.87	11.37	-2.94
Cataract Extraction.....	11,645	7.21	4,937.63	10.74	-1.88
Cystoscopy.....	9,155	6.90	827.53	8.44	-5.33
Fractures, Open Surgical or Closed Reduction.....	5,933	4.66	2,466.90	5.47	4.13
Coronary Angiography.....	5,813	4.61	981.73	5.36	-6.82
Cardiac Catheterization.....	5,466	4.17	691.33	5.04	-3.62
Arthroscopy.....	5,110	4.40	620.05	4.71	17.64
Angioplasty.....	4,680	2.04	1,797.55	4.32	-3.26
Sigmoidoscopy.....	4,121	3.32	229.69	3.80	3.62
Hernia Repair.....	3,942	3.26	1,518.00	3.64	-1.26
Arthroplasty - Hip or Total Hip Replacement.....	1,600	1.42	1,230.13	1.48	1.21
- Knee or Total Knee Replacement.....	2,107	1.78	1,578.68	1.94	3.25
Electroencephalograms or Echoencephalograms.....	3,364	2.59	82.43	3.10	-18.60
Gall Bladder or Other Biliary Tract Surgery.....	2,476	2.27	1,435.00	2.28	-10.10
Therapeutic Abortion.....	1,800	3.24 ^f	557.91 ^f	3.32 ^f	-0.23
Vasectomy.....	1,731	3.18 ^m	820.87 ^m	3.19 ^m	-20.00
Hysterectomy - Abdominal or vaginal.....	1,683	3.09 ^f	1,536.18 ^f	3.10 ^f	2.88
Tonsillectomy (With or Without Adenoidectomy).....	1,610	1.48	440.42	1.49	1.91
Tubal Ligation.....	1,539	2.80 ^f	632.07	2.84 ^f	1.71
Electroconvulsive Therapy.....	1,344	0.16	90.26	1.24	1.54
Dilatation and Curettage.....	1,277	2.27 ^f	405.00 ^f	2.36 ^f	-9.30
Septoplasty or Submucous Resection.....	1,212	1.11	390.16	1.12	15.52
Appendectomy.....	1,018	0.94	474.38	0.94	2.15
Varicose Veins (Ligation).....	1,013	0.33	133.53	0.93	40.88
Genital Prolapse Repair.....	1,006	1.52 ^f	638.64 ^f	1.86 ^f	-4.02
Prostatectomy (With or Without Vasectomy).....	864	1.55 ^m	1,431.09 ^m	1.59 ^m	4.21
Coronary By-Pass.....	635	0.58	1,734.69	0.59	-12.40
Salpingectomy, Oophorectomy &/or Ovarian Cystectomy.....	618	1.11	441.83	1.14	-5.35
Strabismus Operation.....	174	0.14	64.85	0.16	-29.90
Peptic Ulcer Surgery.....	142	0.13	101.61	0.13	12.17

^f Rate per 1,000 female beneficiaries.^m Rate per 1,000 male beneficiaries.

Notes: 1) Includes out-of-province services and costs.

2) For comparative purposes, payment figures in this table have been adjusted to exclude retroactive payments for services provided in previous years, pursuant to the agreement with the Saskatchewan Medical Association.

Table 17

Selected In-Province Medical Conditions -- Patients, Services and Payments

Conditions	I.C.D. ¹	Number of Services (000s)	Rate Per 1,000 Beneficiaries		
			Patients	Payments	Services
General Medical Examination - No Specific Diagnosis.....	V70	391	178.2	15,102	360
Diseases Affecting Genitourinary Tract.....	580 - 599, 788	349	76.9	14,438	322
Hypertension.....	401 - 405	309	120.6	9,527	285
Acute Upper Respiratory Infection (Except Influenza).....	460 - 465	302	172.1	10,030	279
Diabetes Mellitus.....	250	283	53.2	8,510	261
Psychoses.....	295 - 299	222	20.6	8,331	204
Chronic Sinusitis & Other Respiratory Symptoms.....	473 & 786	219	82.8	10,595	202
Ischaemic Heart Disease.....	410 - 414	179	29.6	12,070	165
Arthritis.....	710 - 716	161	51.5	7,697	149
Glaucoma.....	365	149	21.8	4,094	138
Rheumatic Disease.....	725 - 729	145	72.3	6,019	134
Cataract.....	366	133	17.7	7,922	122
Neuroses.....	300	123	50.2	4,370	114
Vertebrogenic Pain Syndrome.....	724	120	48.7	6,306	110
Otitis Media.....	381 - 382	119	49.4	4,383	110
Cardiac Dysrhythmias.....	427	111	21.6	4,490	102
Symptomatic Heart Disease.....	428 - 429	104	19.7	4,615	96
Asthma.....	493	99	32.6	2,398	91
Eczema.....	690 - 692	98	48.0	2,739	90
Bronchitis.....	466, 490 - 491	84	52.4	2,829	77
Diarrheal Disease.....	009	65	32.6	2,735	60
Pneumonia.....	480 - 486	64	14.6	2,404	59
Disorders of Menstruation.....	Z082 & 626	64	45.9 [†]	4,985 [†]	118 [†]
Cellulitis and Abscess.....	681 - 682	61	25.3	2,185	56
Hay Fever.....	477	58	7.3	511	54
Cerebrovascular Disease.....	430 - 438	57	7.2	2,502	52
Chronic Airways Obstruction.....	496	57	11.8	2,102	53
Myxedema.....	244	53	27.9	1,521	49
Anaemias.....	280 - 285	46	15.6	1,941	42
Infective Disease of Uterus (Except Cervix), Vagina, and Vulva.....	615 - 616	44	35.2 [†]	2,785 [†]	81 [†]
Migraine.....	346	23	11.4	823	22
Gastritis and Duodenitis.....	535	22	12.9	785	20
Menopausal Symptoms.....	627	20	19.4 [†]	1,293 [†]	37 [†]
Varicose Veins of Lower Extremity.....	454	20	4.4	679	18
Hyperkinetic Syndrome of Childhood (ADHD).....	314	19	4.6	861	17
Alzheimer's Disease and Other Cerebral Degenerations.....	331	16	2.0	514	15
Disorders of Functions of Stomach.....	536 - 537	16	9.4	603	14
Multiple Sclerosis.....	340	13	2.1	498	12
Epilepsy.....	345	11	3.7	473	11
Influenza.....	487	10	8.0	312	9
Alcoholic Psychosis and Alcoholism.....	291 & 303	10	3.0	373	9
Obesity.....	278	9	4.9	507	8
Ulcers of Duodenum and Stomach.....	531 - 534	7	3.5	309	6

¹ Ninth Revision International Classification of Diseases, 1977.² MSP internally assigned code for the identification of a specific condition which is grouped within a general category in the I.C.D.[†] Rate per 1,000 female beneficiaries.**Notes:** 1) MSP records only one diagnosis of symptoms per claim even though the patient may have more than one condition.

2) Comparison to the previous years' Annual Statistical Reports would be affected by the time of day, age and paediatric premiums which are no longer counted as individual services.

3) For comparative purposes, payment figures in this table have been adjusted to exclude retroactive payments for services provided in previous years, pursuant to the agreement with the Saskatchewan Medical Association.

Table 18
Turnover of Physicians

	General Practitioners					
	Metro		Urban		Rural	
	Number	Per Cent Turnover	Number	Per Cent Turnover	Number	Per Cent Turnover
Practising in 2006-07 ¹	370		152		230	
		10.8		12.5		17.8
Still Practising in 2007-08 ²	330		133		189	
Practising in 2007-08 ¹	401		159		227	
		16.5		11.9		15.4
Still Practising in 2008-09 ²	335		140		192	
Practising in 2008-09 ¹	378		159		243	
		13.5		10.1		20.6
Still Practising in 2009-10 ²	327		143		193	
Practising in 2009-10 ¹	364		160		230	
		9.3		9.4		13.9
Still Practising in 2010-11 ²	330		145		198	
Practising in 2010-11 ¹	377		163		221	
		8.5		7.4		18.1
Still Practising in 2011-12 ²	345		151		181	
Practising in 2011-12 ¹	395		164		217	

	General Practitioners		Specialists		All Physicians	
	Number	Per Cent Turnover	Number	Per Cent Turnover	Number	Per Cent Turnover
Practising in 2006-07 ¹	752		529		1,281	
		13.3		7.9		11.1
Still Practising in 2007-08 ²	652		487		1,139	
Practising in 2007-08 ¹	787		566		1,353	
		15.2		7.6		12.0
Still Practising in 2008-09 ²	667		523		1,190	
Practising in 2008-09 ¹	780		580		1,360	
		15.0		5.9		11.1
Still Practising in 2009-10 ²	663		546		1,209	
Practising in 2009-10 ¹	754		600		1,354	
		10.7		7.7		9.4
Still Practising in 2010-11 ²	673		554		1,227	
Practising in 2010-11 ¹	761		625		1,386	
		11.0		8.0		9.7
Still Practising in 2011-12 ²	677		575		1,252	
Practising in 2011-12 ¹	776		651		1,427	

¹ Physicians with their own MSP billing numbers receiving \$15,000 or more in the fourth quarter and practising in Saskatchewan at the end of the fiscal year.

² Physicians with their own MSP billing numbers receiving \$15,000 or more in the fourth quarter of two consecutive years and practising in Saskatchewan at the end of both fiscal years.

Notes: 1) The net number of physicians who entered practice in 2011-12 was 175, the difference between "Practising" (1,427) and "Still Practising" (1,252).

2) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians, may be affected by the extent of shadow billing.

3) All current recruitment and retention initiatives are outlined in the Appendix (see page 57).

Table 19
Physicians in Relation to Population and Practice Size

Type of Physician ¹	Number of Physicians		Population Per Physician (000's)		Average Number of Patients Per Physician ² (000's)		Average Patient Contacts Per Physician ³ (000's)		Per Cent of Beneficiaries Treated	
	2010-11	2011-12	2010-11	2011-12	2010-11	2011-12	2010-11	2011-12	2010-11	2011-12
General Practitioner⁴	775	792	1.4	1.4	2.4	2.4	5.8	5.5	79.7	78.7
Specialists⁴										
Paediatricians and										
Medical Geneticists.....	43	44	24.9	24.6	1.1	1.0	2.3	2.1	3.6	3.5
Internists and Psychiatrists..	116	124	9.2	8.7	1.7	1.6	3.7	3.6	12.1	12.3
Neurologists.....	16	16	66.9	67.8	1.7	1.7	2.6	2.8	2.2	2.3
Cardiologists.....	21	24	51.0	45.2	4.3	4.0	3.9	3.6	5.5	5.7
Psychiatrists.....	44	47	24.3	23.1	0.4	0.4	1.8	1.8	1.5	1.5
Dermatologists.....	4	4	267.6	271.0	4.4	4.3	8.1	7.7	1.6	1.6
Anaesthetists.....	96	99	11.2	11.0	0.8	0.8	0.9	0.9	5.7	5.9
General Surgeons.....	64	69	16.7	15.7	1.2	1.1	2.4	2.1	6.2	6.1
Cardiac Surgeons.....	6	6	178.4	180.7	0.7	0.7	1.0	1.1	0.3	0.3
Orthopaedic Surgeons.....	38	39	28.2	27.8	1.3	1.4	2.5	2.7	4.1	4.4
Plastic and										
Reconstructive Surgeons.	14	13	76.5	83.4	1.6	1.3	3.0	2.6	2.0	1.5
Neurological Surgeons.....	12	12	89.2	90.3	0.7	0.8	1.4	1.4	0.8	0.8
Obstetricians and										
Gynaecologists.....	49	53	21.8	20.5	1.4	1.3	3.0	2.9	4.7	4.6
Urological Surgeons.....	13	13	82.3	83.4	1.6	1.4	2.6	2.1	1.8	1.5
Ophthalmologists.....	24	25	44.6	43.4	3.3	3.3	7.2	7.2	6.9	7.0
Otolaryngologists.....	14	15	76.5	72.3	2.7	2.3	4.8	4.1	3.4	3.1
Pathologists and										
Diagnostic Radiologists....	56	61	19.1	17.8	4.7	4.5	0.2	0.3	19.0	18.7
All Specialists⁴	630	664	1.7	1.6	1.8	1.7	2.5	2.5	41.7	42.5
All Physicians⁴	1,405	1,456	0.8	0.7	2.1	2.1	4.3	4.1	81.9	82.9
Licensed Physicians ⁵	1,946	1,985	0.6	0.5	--	--	--	--	--	--

¹ Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

² The size of practice is the number of different persons on whose behalf a claim was paid during the year.

³ A patient contact represents each time a physician saw a patient professionally regardless of the number of services provided at the time. The limit is one contact per patient, same doctor, same date of service. X-ray, ultrasound and laboratory services, and any professional interpretations of procedures are not considered to be patient contacts.

⁴ Physicians with their own MSP billing numbers receiving \$60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

⁵ Licensed physicians, as of the last day of the fiscal year, includes temporary licensed locum physicians but excludes educational locums and medical residents.

Notes: 1) Earnings, size of practice and patient contacts may reflect an upward bias as a result of physicians sponsoring locums.

2) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians, may be affected by the extent of shadow billing.

Table 20
Physicians by Size of Practice

Type of Physician ¹	Number of Physicians ²	Size of Practice by Range of Patients ³							
		< 501	501-1,000	1,001-1,500	1,501-2,000	2,001-2,500	2,501-3,000	3,001-3,500	>3500
General Practitioners									
Metro Association.....	312	9	26	61	41	31	26	25	93
Metro Solo.....	85	19	29	12	12	7	4	1	1
Urban Association.....	137	1	8	28	26	21	8	10	35
Urban Solo.....	42	4	10	4	6	5	7	1	5
Rural Association.....	171	0	7	43	32	42	23	11	13
Rural Solo.....	45	4	9	9	8	9	6	0	0
All General Practitioners 2011-12.....	792	37	89	157	125	115	74	48	147
All General Practitioners 2010-11.....	775	33	81	137	132	111	87	47	147
Specialists									
Paediatricians and									
Medical Geneticists.....	44	10	21	7	3	0	1	0	2
Internists and Physiatrists.....	124	12	43	22	10	13	5	6	13
Neurologists.....	16	1	2	3	5	3	0	1	1
Cardiologists.....	24	1	1	0	2	1	3	3	13
Psychiatrists.....	47	36	9	1	1	0	0	0	0
Dermatologists.....	4	0	0	0	0	0	2	0	2
Anaesthetists.....	99	16	55	25	0	1	2	0	0
General Surgeons.....	69	14	14	23	14	4	0	0	0
Cardiac Surgeons.....	6	1	4	1	0	0	0	0	0
Orthopaedic Surgeons.....	39	0	10	16	10	1	2	0	0
Plastic and Reconstructive Surgeons....	13	2	3	4	1	2	0	1	0
Neurological Surgeons.....	12	1	9	2	0	0	0	0	0
Obstetricians and Gynaecologists.....	53	5	15	12	14	3	3	1	0
Urological Surgeons.....	13	0	2	7	3	0	1	0	0
Ophthalmologists.....	25	0	0	2	3	4	2	4	10
Otolaryngologists.....	15	2	2	3	0	1	2	2	3
Pathologists and									
Diagnostic Radiologists.....	61	2	8	4	1	8	6	4	28
All Specialists 2011-12.....	664	103	198	132	67	41	29	22	72
All Specialists 2010-11.....	630	81	202	111	74	40	24	29	69
All Physicians 2011-12.....	1,456	140	287	289	192	156	103	70	219
All Physicians 2010-11.....	1,405	114	283	248	206	151	111	76	216

¹ Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

² Physicians with their own MSP billing numbers receiving \$60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

³ The size of practice is the number of different persons on whose behalf a claim was paid during the year.

Notes: 1) Earnings and size of practice may reflect an upward bias as a result of physicians sponsoring locums.

2) Data capture may not be complete for physicians participating in non-fee-for-service arrangements.

Data, including the number of active physicians, may be affected by the extent of shadow billing.

Table 21
Physicians by Range of Patient Contacts

Type of Physician ¹	Number of Physicians ²	Range of Patient Contacts ³						
		1-2,000	2,001-4,000	4,001-6,000	6,001-8,000	8,001-10,000	10,001-12,000	Over 12,000
General Practitioners								
Metro Association.....	312	42	71	54	81	25	16	23
Metro Solo.....	85	42	12	5	14	7	3	2
Urban Association.....	137	14	34	34	26	10	8	11
Urban Solo.....	42	17	1	5	8	5	4	2
Rural Association.....	171	23	52	39	27	17	3	10
Rural Solo.....	45	6	10	13	6	4	2	4
All General Practitioners 2011-12.....	792	144	180	150	162	68	36	52
All General Practitioners 2010-11.....	775	117	176	155	145	83	44	55
Specialists								
Paediatricians and Medical Geneticists.....	44	31	9	2	1	0	0	1
Internists and	124	46	41	20	8	2	3	4
Neurologists.....	16	4	10	2	0	0	0	0
Cardiologists.....	24	5	12	5	1	0	0	1
Psychiatrists.....	47	37	5	4	0	0	0	1
Dermatologists.....	4	0	0	1	2	0	0	1
Anaesthetists.....	99	96	2	1	0	0	0	0
General Surgeons.....	69	31	34	4	0	0	0	0
Cardiac Surgeons.....	6	6	0	0	0	0	0	0
Orthopaedic Surgeons.....	39	10	25	3	1	0	0	0
Plastic and Reconstructive Surgeons.....	13	4	6	2	1	0	0	0
Neurological Surgeons.....	12	11	1	0	0	0	0	0
Obstetricians and Gynaecologists.....	53	21	19	9	4	0	0	0
Urological Surgeons.....	13	5	7	1	0	0	0	0
Ophthalmologists.....	25	1	4	5	5	5	3	2
Otolaryngologists.....	15	4	3	5	2	1	0	0
Pathologists and Diagnostic Radiologists.....	61	60	0	0	1	0	0	0
All Specialists 2011-12.....	664	372	178	64	26	8	6	10
All Specialists 2010-11.....	630	335	178	66	24	14	4	9
All Physicians 2011-12.....	1,456	516	358	214	188	76	42	62
All Physicians 2010-11.....	1,405	452	354	221	169	97	48	64

¹ Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

² Physicians with their own MSP billing numbers receiving \$60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

³ A patient contact represents each time the practitioner saw a patient professionally regardless of the number of services provided at the time. The limit is one contact per patient, same doctor, same date of service. X-ray, ultrasound and laboratory services and any professional interpretations of procedures are not considered to be patient contacts.

Notes: 1) Earnings and patient contacts may reflect an upward bias as a result of physicians sponsoring locums.

2) Data capture may not be complete for physicians participating in non-fee-for-service arrangements.

Data, including the number of active physicians, may be affected by the extent of shadow billing.

Table 22
Physicians by Place of Graduation¹

Type of Physician ²	Number of Physicians	Canada		U.S.A.,	United	Continental Europe	Asia	Africa	Australia
		Sask.	Other Prov.	Central and South America	Kingdom and Eire				
General Practitioners									
Metro Association.....	312	142	11	7	24	7	54	67	0
Metro Solo.....	85	23	3	2	8	3	27	19	0
Urban Association.....	137	28	3	1	10	4	14	77	0
Urban Solo.....	42	6	0	1	3	0	12	20	0
Rural Association.....	171	38	6	3	5	5	13	100	1
Rural Solo.....	45	11	2	1	9	0	4	18	0
All General Practitioners 2011-12.....	792	248	25	15	59	19	124	301	1
All General Practitioners 2010-11.....	775	234	31	19	62	17	119	292	1
Specialists									
Paediatricians and									
Medical Geneticists.....	44	13	14	2	2	1	9	3	0
Internists and Psychiatrists.....	124	47	24	4	6	6	16	21	0
Neurologists.....	16	3	5	0	1	0	3	4	0
Cardiologists.....	24	12	2	1	0	1	4	4	0
Psychiatrists.....	47	20	4	2	1	1	14	5	0
Dermatologists.....	4	3	0	0	0	0	0	1	0
Anaesthetists.....	99	48	19	1	2	1	9	19	0
General Surgeons.....	69	23	19	0	2	1	10	14	0
Cardiac Surgeons.....	6	1	4	0	0	1	0	0	0
Orthopaedic Surgeons.....	39	21	4	0	3	0	3	8	0
Plastic and Reconstructive Surgeons...	13	8	2	1	0	0	0	2	0
Neurological Surgeons.....	12	2	1	0	0	0	4	5	0
Obstetricians and Gynaecologists.....	53	21	7	2	1	1	7	14	0
Urological Surgeons.....	13	6	3	0	0	0	0	3	1
Ophthalmologists.....	25	13	0	1	5	0	3	3	0
Otolaryngologists.....	15	7	0	0	2	0	2	4	0
Pathologists and									
Diagnostic Radiologists.....	61	32	17	0	2	1	5	3	1
All Specialists 2011-12.....	664	280	125	14	27	14	89	113	2
All Specialists 2010-11.....	630	262	116	12	32	14	87	105	2
All Physicians 2011-12.....	1,456	528	150	29	86	33	213	414	3
Per Cent Distribution 2011-12.....	100%	36%	10%	2%	6%	2%	15%	28%	0%
All Physicians 2010-11.....	1,405	496	147	31	94	31	206	397	3
Per Cent Distribution 2010-11.....	100%	35%	10%	2%	7%	2%	15%	28%	0%

¹ The place of graduation is the location at which the first medical degree was obtained.

² Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

³ Physicians with their own MSP billing numbers receiving \$60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

Notes: 1) Earnings may reflect an upward bias as a result of physicians sponsoring locums.

2) Data capture may not be complete for physicians participating in non-fee-for-service arrangements.

Data, including the number of active physicians, may be affected by the extent of shadow billing.

Table 23
Physicians by Age Group

Type of Physician ¹	Number of Physicians ²	Age Group				
		Under 35	35-44	45-54	55-64	65+
General Practitioners						
Metro Association.....	312	38	60	94	72	48
Metro Solo.....	85	4	16	27	21	17
Urban Association.....	137	39	37	34	18	9
Urban Solo.....	42	6	7	11	8	10
Rural Association.....	171	45	56	35	19	16
Rural Solo.....	45	3	9	13	9	11
All General Practitioners 2011-12.....	792	135	185	214	147	111
All General Practitioners 2010-11.....	775	139	158	217	154	107
Specialists						
Paediatricians and Medical Geneticists.....	44	3	13	13	7	8
Internists and Physiatrists.....	124	7	38	31	28	20
Neurologists.....	16	1	7	3	3	2
Cardiologists.....	24	1	11	7	3	2
Psychiatrists.....	47	3	14	15	7	8
Dermatologists.....	4	0	0	2	0	2
Anaesthetists.....	99	5	32	37	21	4
General Surgeons.....	69	6	21	26	8	8
Cardiac Surgeons.....	6	0	2	2	2	0
Orthopaedic Surgeons.....	39	5	12	10	8	4
Plastic and Reconstructive Surgeons.....	13	0	5	3	3	2
Neurological Surgeons.....	12	0	6	1	3	2
Obstetricians and Gynaecologists.....	53	5	18	15	10	5
Urological Surgeons.....	13	2	3	3	5	0
Ophthalmologists.....	25	0	12	3	6	4
Otolaryngologists.....	15	1	1	5	4	4
Pathologists and Diagnostic Radiologists.....	61	7	22	15	14	3
All Specialists 2011-12.....	664	46	217	191	132	78
All Specialists 2010-11.....	630	55	186	189	125	75
All Physicians 2011-12.....	1,456	181	402	405	279	189
Per Cent Distribution 2011-12.....	100%	12%	28%	28%	19%	13%
All Physicians 2010-11.....	1,405	194	344	406	279	182
Per Cent Distribution 2010-11.....	100%	14%	24%	29%	20%	13%

¹ Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

² Physicians with their own MSP billing numbers receiving \$60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

Notes: 1) Earnings may reflect an upward bias as a result of physicians sponsoring locums.

2) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians, may be affected by the extent of shadow billing.

Table 24

Average Payment¹ (\$000s) Per Resident Physician² by Specialty and Range of Paid Amount

	Type of Physician ³					
	All Physicians		All General Practitioners		All Specialists	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians ⁴	331.5	1,456	265.2	792	410.5	664
Highest Paid.....	2,225.1		1,207.1		2,225.1	
Less than \$ 60,000.....	25.1	264	25.0	171	25.4	93
\$ 60,000 - \$ 74,999.....	67.3	51	67.0	33	68.0	18
\$ 75,000 - \$ 99,999.....	87.7	94	87.3	62	88.5	32
\$100,000 - \$124,999.....	112.2	85	112.1	50	112.4	35
\$125,000 - \$149,999.....	138.3	93	138.6	64	137.7	29
\$150,000 - \$174,999.....	163.3	97	164.1	64	161.8	33
\$175,000 - \$199,999.....	187.2	57	187.9	35	185.9	22
\$200,000 - \$249,999.....	225.5	146	224.2	94	227.7	52
\$250,000 - \$299,999.....	274.0	167	274.2	102	273.6	65
\$300,000 - \$349,999.....	325.3	144	326.0	88	324.2	56
Over \$350,000.....	582.1	508	480.5	193	644.4	315
Total.....	286.3	1,706	223.8	956	366.0	750

	General Practitioners					
	Metro		Urban		Rural	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians ⁴	257.8	397	280.3	179	266.4	216
Highest Paid.....	837.5		1,207.1		917.9	
Less than \$ 60,000.....	26.4	104	23.0	21	22.8	46
\$ 60,000 - \$ 74,999.....	67.1	18	66.1	5	67.1	10
\$ 75,000 - \$ 99,999.....	86.9	33	86.2	12	88.6	17
\$100,000 - \$124,999.....	113.9	23	109.2	15	112.5	12
\$125,000 - \$149,999.....	140.3	26	138.3	16	136.9	22
\$150,000 - \$174,999.....	163.2	28	167.0	19	162.3	17
\$175,000 - \$199,999.....	186.6	16	190.6	7	188.2	12
\$200,000 - \$249,999.....	224.8	45	224.5	20	223.2	29
\$250,000 - \$299,999.....	273.1	59	276.8	23	274.3	20
\$300,000 - \$349,999.....	325.9	60	326.5	13	325.7	15
Over \$350,000.....	461.7	83	517.4	49	476.6	61
Total.....	211.6	495	253.3	200	224.2	261

¹ Represents gross payments by the Medical Services Plan from which the physicians must pay overhead costs which may be high in such as Radiology and Pathology. The MSP payments should not be taken to represent total professional income since the physicians may receive payments from other sources, e.g. from other public or private agencies, from patients requesting services not covered by MSP. Includes payments for the rural emergency coverage program but excludes payments for the specialist coverage program. For comparative purposes, payment figures in this table have been adjusted to exclude retroactive payments for services provided in previous years, pursuant to the agreement with the Saskatchewan Medical Association.

² Physicians resident in Saskatchewan at the end of the year and having their own MSP billing number.

³ Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

⁴ Physicians with their own MSP billing numbers receiving \$60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

Table 24
(Continued)

	Type of Physician ³					
	Paediatricians and Medical Geneticists		Internists and Physiatrists		Cardiologists	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians ⁴	207.9	44	359.2	124	753.9	24
Highest Paid.....	1,019.8		1,051.4		1,924.6	
Less than \$ 60,000.....	26.3	20	21.2	30	0.0	0
\$ 60,000 - \$ 74,999.....	69.2	4	69.4	5	0.0	0
\$ 75,000 - \$ 99,999.....	90.4	9	87.6	6	96.3	1
\$100,000 - \$124,999.....	110.6	4	111.2	13	0.0	0
\$125,000 - \$149,999.....	141.6	5	138.7	6	0.0	0
\$150,000 - \$174,999.....	157.8	5	160.6	9	0.0	0
\$175,000 - \$199,999.....	183.3	3	186.2	5	0.0	0
\$200,000 - \$249,999.....	210.5	1	224.1	9	0.0	0
\$250,000 - \$299,999.....	277.4	5	270.6	9	282.4	1
\$300,000 - \$349,999.....	0	0	307.9	7	335.5	1
Over \$350,000.....	558.7	7	589.1	55	827.6	21
Total.....	152.6	63	293.3	154	753.9	24

	Neurologists		Psychiatrists		Dermatologists	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians ⁴	334.7	16	247.0	47	459.9	4
Highest Paid.....	824.1		844.2		696.0	
Less than \$ 60,000.....	0.0	0	29.7	8	21.2	2
\$ 60,000 - \$ 74,999.....	0.0	0	68.8	3	0.0	0
\$ 75,000 - \$ 99,999.....	78.0	1	78.9	2	0.0	0
\$100,000 - \$124,999.....	114.0	1	113.6	3	0.0	0
\$125,000 - \$149,999.....	127.8	1	140.5	6	0.0	0
\$150,000 - \$174,999.....	0.0	0	161.5	7	0.0	0
\$175,000 - \$199,999.....	190.2	1	187.2	2	0.0	0
\$200,000 - \$249,999.....	232.0	1	233.4	6	0.0	0
\$250,000 - \$299,999.....	275.7	3	260.7	5	0.0	0
\$300,000 - \$349,999.....	312.1	2	326.7	4	337.9	2
Over \$350,000.....	527.1	6	505.2	9	581.9	2
Total.....	334.7	16	215.4	55	313.7	6

Notes: 1) Earnings may reflect an upward bias as a result of physicians sponsoring locums.

2) Data capture may not be complete for physicians participating in non-fee-for-service arrangements.

Data, including the number of active physicians and average payments per physician, may be affected by the extent of shadow billing.

Table 24 (Continued)

Average Payment¹ (\$000s) Per Resident Physician² by Specialty and Range of Paid Amount

	Type of Physician ³					
	Anaesthetists		General Surgeons		Cardiac Surgeons	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians ⁴	323.0	99	379.4	69	849.9	6
Highest Paid.....	1,204.8		890.3		1,062.6	
Less than \$ 60,000.....	40.9	7	34.3	5	0.0	1
\$ 60,000 - \$ 74,999.....	0.0	0	63.2	2	0.0	0
\$ 75,000 - \$ 99,999.....	89.6	3	81.2	1	0.0	0
\$100,000 - \$124,999.....	110.1	3	114.8	5	0.0	0
\$125,000 - \$149,999.....	140.3	4	133.4	4	0.0	0
\$150,000 - \$174,999.....	165.1	2	166.8	3	0.0	0
\$175,000 - \$199,999.....	186.4	5	194.5	1	0.0	0
\$200,000 - \$249,999.....	235.0	10	229.5	3	0.0	0
\$250,000 - \$299,999.....	275.1	20	274.0	4	0.0	0
\$300,000 - \$349,999.....	330.7	17	323.9	9	0.0	0
Over \$350,000.....	471.3	34	539.2	36	849.9	6
Total.....	306.7	105	360.2	73	728.4	7

	Orthopaedic Surgeons		Plastic and Reconstructive Surgeons		Neurological Surgeons	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians ⁴	508.0	39	422.2	13	428.0	12
Highest Paid.....	1,196.2		1,120.2		707.3	
Less than \$ 60,000.....	29.7	1	54.8	1	0.0	0
\$ 60,000 - \$ 74,999.....	0.0	0	64.4	1	0.0	0
\$ 75,000 - \$ 99,999.....	0.0	0	99.8	1	80.3	1
\$100,000 - \$124,999.....	0.0	0	0.0	0	0.0	0
\$125,000 - \$149,999.....	130.2	1	0.0	0	0.0	0
\$150,000 - \$174,999.....	0.0	0	0.0	0	0.0	0
\$175,000 - \$199,999.....	0.0	0	0.0	0	0.0	0
\$200,000 - \$249,999.....	244.3	3	222.4	1	0.0	0
\$250,000 - \$299,999.....	280.8	5	278.3	1	296.6	1
\$300,000 - \$349,999.....	327.4	4	0.0	0	340.0	2
Over \$350,000.....	624.4	26	596.0	8	509.8	8
Total.....	496.0	40	422.2	13	428.0	12

¹ Represents gross payments by the Medical Services Plan from which the physicians must pay overhead costs which may be high in such as Radiology and Pathology. The MSP payments should not be taken to represent total professional income since the physicians may receive payments from other sources, e.g. from other public or private agencies, from patients requesting services not covered by MSP. Includes payments for the rural emergency coverage program but excludes payments for the specialist coverage program. For comparative purposes, payment figures in this table have been adjusted to exclude retroactive payments for services provided in previous years, pursuant to the agreement with the Saskatchewan Medical Association.

² Physicians resident in Saskatchewan at the end of the year and having their own MSP billing number.

³ Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

⁴ Physicians with their own MSP billing numbers receiving \$60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

Table 24
(Continued)

	Type of Physician ³					
	Obstetricians and Gynaecologists		Urological Surgeons		Ophthalmologists	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians ⁴	406.0	53	420.7	13	1002.0	25
Highest Paid.....	1,218.6		1,130.4		2,225.1	
Less than \$ 60,000.....	19.6	4	1.9	1	26.5	1
\$ 60,000 - \$ 74,999.....	0.0	0	0.0	0	0.0	0
\$ 75,000 - \$ 99,999.....	88.3	3	0.0	0	0.0	0
\$100,000 - \$124,999.....	120.8	1	0.0	0	0.0	0
\$125,000 - \$149,999.....	125.4	1	0.0	0	0.0	0
\$150,000 - \$174,999.....	165.0	4	0.0	0	156.3	1
\$175,000 - \$199,999.....	184.0	3	0.0	0	0.0	0
\$200,000 - \$249,999.....	220.1	6	217.9	1	228.6	1
\$250,000 - \$299,999.....	272.1	4	259.1	4	0.0	0
\$300,000 - \$349,999.....	303.6	1	327.2	3	0.0	0
Over \$350,000.....	569.4	30	646.6	5	1073.0	23
Total.....	378.9	57	390.7	14	964.8	26

	Otolaryngologists		Pathologists and Diagnostic Radiologists	
	Average Payment	Number	Average Payment	Number
Physicians ⁴	463.4	15	480.1	61
Highest Paid.....	1,200.6		2,051.2	
Less than \$ 60,000.....	27.9	2	21.6	10
\$ 60,000 - \$ 74,999.....	0.0	0	67.5	3
\$ 75,000 - \$ 99,999.....	79.3	1	96.0	3
\$100,000 - \$124,999.....	101.5	1	115.9	4
\$125,000 - \$149,999.....	0.0	0	133.0	1
\$150,000 - \$174,999.....	0.0	0	163.0	2
\$175,000 - \$199,999.....	0.0	0	183.4	2
\$200,000 - \$249,999.....	219.8	3	222.9	7
\$250,000 - \$299,999.....	0.0	0	282.6	3
\$300,000 - \$349,999.....	0.0	0	310.7	4
Over \$350,000.....	672.8	9	791.5	30
Total.....	434.4	16	426.0	69

Notes: 1) Earnings may reflect an upward bias as a result of physicians sponsoring locums.

2) Data capture may not be complete for physicians participating in non-fee-for-service arrangements.

Data, including the number of active physicians and average payments per physician, may be affected by the extent of shadow billing.

Table 25

Average Payment (\$000s) Per Physician by Specialty, 2006-07 to 2011-12

Type of Physician ¹							Average Annual Per Cent Change
	2006-07	2007-08	2008-09	2009-10 ³	2010-11 ³	2011-12	2006-07 to 2011-12
General Practitioners							
Metro Association.....	210.6	228.5	233.5	245.0	262.9	261.3	4.46
Metro Solo.....	238.6	240.3	236.7	239.0	247.0	244.9	0.54
Urban Association.....	252.2	272.4	257.2	263.9	265.3	267.5	1.28
Urban Solo.....	290.7	310.9	338.0	348.7	376.4	322.1	2.47
Rural Association.....	245.8	267.0	248.5	251.6	253.2	263.2	1.51
Rural Solo.....	264.1	269.0	260.7	253.9	285.7	278.4	1.23
All General Practitioners	234.6	251.4	247.3	254.1	265.8	265.2	2.53
Specialists							
Paediatricians and Medical Geneticists....	206.1	210.8	206.5	223.2	222.4	207.9	0.29
Internists and Psychiatrists.....	328.4	369.2	359.7	360.5	359.9	359.2	1.94
Neurologists.....	295.7	307.2	303.8	300.3	307.5	334.7	2.57
Cardiologists.....	691.2	647.1	692.0	801.3	801.1	753.9	2.09
Psychiatrists.....	207.5	218.7	223.1	212.5	228.6	247.0	3.66
Dermatologists.....	419.1	414.7	425.3	430.7	468.8	459.9	1.94
Anaesthetists.....	291.3	304.1	304.5	326.5	306.1	323.0	2.21
General Surgeons.....	387.5	397.2	395.5	396.2	403.8	379.4	-0.37
Cardiac Surgeons.....	725.2	718.9	722.4	826.3	830.6	849.9	3.37
Orthopaedic Surgeons.....	380.7	376.8	407.5	448.7	454.4	508.0	6.06
Plastic and Reconstructive Surgeons.....	376.6	380.9	413.0	443.8	463.6	422.2	2.51
Neurological Surgeons.....	400.0	314.3	401.0	459.7	367.3	428.0	3.45
Obstetricians and Gynaecologists.....	351.3	369.7	357.7	381.9	406.8	406.0	3.02
Urological Surgeons.....	388.3	399.0	400.2	403.3	459.7	420.7	1.87
Ophthalmologists.....	751.6	777.6	837.7	869.6	970.4	1,002.0	5.97
Otolaryngologists.....	435.4	443.8	442.1	464.7	486.4	463.4	1.32
Pathologists and Diagnostic Radiologists.....	481.1	505.3	500.4	501.9	505.9	480.1	0.01
All Specialists	371.0	385.9	390.1	405.5	409.0	410.5	2.06
Spec. less Pathologists & Radiologists.....	360.8	375.0	379.7	396.0	399.6	403.5	2.27
All Physicians	291.4	308.2	308.6	320.3	330.1	331.5	2.63
Phys. less Pathologists & Radiologists.....	284.5	301.0	301.2	312.9	322.8	325.0	2.72

¹ Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

Physicians with their own MSP billing numbers receiving \$60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

² Represents gross payments by the MSP from which the physicians must pay overhead costs which may be high in specialties such as Radiology and Pathology. The MSP payment should not be taken to represent total professional income since physicians may receive payment from other sources, e.g. from other public or private agencies, from patients requesting services not covered by MSP. Payments for the specialist coverage program are excluded.

³ For comparative purposes, payment figures in this table have been adjusted to include retroactive payments for services provided in previous years, pursuant to the agreement with the Saskatchewan Medical Association.

Notes: 1) Earnings may reflect an upward bias as a result of physicians sponsoring locums.

2) Laboratory services provided by Pathologists are now the responsibility of Regional Health Authorities. As a result, Pathologists' fee-for-service payments are minimal.

3) Both the increases in the number of active physicians and the decreases in the average payments may have been influenced by the locum billing number policy changes.

4) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians and average payments per physician, may be affected by the extent of shadow billing.

Table 26
Physician Payments (\$000s) by Specialty Group

	General Practitioners		Medical Specialists ¹		Surgical Specialists ¹		Technical Specialists ¹	
	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment
A. By Resident Community:²								
Regina	162	283.0	69	504.3	82	536.6	53	431.3
Saskatoon ³	234	240.2	162	283.8	109	504.5	94	354.4
Moose Jaw	26	289.4	6	474.9	9	495.2	2	**
Prince Albert	64	270.9	10	363.4	20	328.9	8	472.0
Yorkton	17	291.6	5	225.6	8	547.8	--	--
Swift Current	22	219.2	4	357.5	5	406.8	3	178.5
North Battleford	21	338.7	2	**	7	482.5	--	--
Estevan	9	425.9	--	--	--	--	--	--
Weyburn	12	260.8	--	--	--	--	--	--
All Other Locations	225	263.3	1	**	5	176.6	--	--
B. By Activity Threshold:								
1. Total Active Physicians ²	792	265.2	259	349.7	245	492.7	160	382.9
2. Total Licensed Physicians ⁴	1024	--	423	--	272	--	266	--
3. Resident and Active in Two Consecutive Years ²	706	308.5	230	411.2	223	573.5	144	446.5
4. Resident at Year End With Payments of \$15,000 or More in Each Quarter of the Year	668	320.0	226	421.6	215	593.6	135	469.2
C. By Age Group:²								
Under 35	135	208.3	15	227.9	19	355.4	12	267.8
35 - 44	185	247.0	83	324.8	80	545.2	54	303.2
45 - 54	214	288.9	71	329.8	68	498.5	52	373.8
55 - 64	147	298.7	48	419.6	49	551.7	35	557.2
65 +	111	274.7	42	396.5	29	324.5	7	390.8

¹ Physicians are grouped as follows:

- . Medical Specialists include Paediatricians, Internists, Neurologists, Cardiologists, Psychiatrists, Dermatologists, Physiatrists, and Medical Geneticists.
- . Surgical Specialists include General Surgeons, Thoracic Surgeons, Orthopaedic Surgeons, Plastic and Reconstructive Surgeons, Neurological Surgeons, Obstetricians and Gynaecologists, Urological Surgeons, Ophthalmologists and Otolaryngologists.
- . Technical Specialists include Anaesthetists, Pathologists and Diagnostic Radiologists.

² Physicians with their own MSP billing numbers receiving \$60,000 or more in MSP payments during the year and practising in Saskatchewan at the end of the year. Earnings may reflect an upward bias as a result of physicians sponsoring locums. Payments for the specialist coverage program are excluded.

³ Includes physicians who practise out of teaching institutions. Average payments may reflect a downward bias as a result.

⁴ Licensed Physicians are all physicians on the Medical Care Insurance Physician Registry except for those we know are retired. Locums are included even though they do not have their own billing number. Educational locums, residents and interns are typically excluded.

** Not shown, to preserve confidentiality.

Note: Data capture may not be complete for physicians participating in non-fee-for-service arrangements.

Data, including the number of active physicians and average payments per physician, may be affected by the extent of shadow billing.

Table 27
Payments¹ for Specialist and Rural Emergency Coverage Programs

	Specialist Emergency Coverage			Rural (GP) Emergency Coverage ³	Total Payments for Emergency Coverage
	Number of Rotations		Payments ²		
	Tier I	Tier II			
Regional Health Authority					
1 Sun Country.....	1	5	\$659,341	\$805,116	\$1,464,457
2 Five Hills.....	7	3	\$1,337,759	\$399,731	\$1,737,490
3 Cypress.....	7	2	\$1,218,094	\$632,758	\$1,850,852
4 Regina Qu'Appelle.....	30	14	\$7,087,447	\$817,670	\$7,905,117
5 Sunrise.....	6	2	\$1,135,615	\$643,043	\$1,778,658
6 Saskatoon.....	43	23	\$9,956,597	\$920,821	\$10,877,418
7 Heartland.....	0	2	\$137,692	\$963,561	\$1,101,253
8 Kelsey Trail.....	0	5	\$308,431	\$940,624	\$1,249,055
9 Prince Albert Parkland.....	8	3	\$1,627,023	\$232,427	\$1,859,450
10 Prairie North.....	11	8	\$2,159,280	\$680,724	\$2,840,004
11 Mamawetan Churchill River.....	0	0	\$0	\$172,627	\$172,627
12 Keewatin Yatthé.....	0	0	\$0	\$222,558	\$222,558
13 Athabasca.....	0	0	\$0	\$98,527	\$98,527
All Regional Health Authorities.....	113	67	\$25,627,279	\$7,530,187	\$33,157,466
Other Emergency Coverage					
Medical Health Officers.....	0	3	\$405,000	--	\$405,000
Saskatchewan Cancer Agency.....	2	5	\$1,026,994	--	\$1,026,994
All Emergency Coverage.....	115	75	\$27,059,273	\$7,530,187	\$34,589,460

¹ Includes payments made indirectly to physicians through Regional Health Authorities, the Saskatchewan Cancer Agency or other. For comparative purposes, payment figures in this table have been adjusted to exclude retroactive payments for services provided in previous years, pursuant to the agreement with the Saskatchewan Medical Association

² Includes payments to general practitioners approved to provide coverage under the Specialist Emergency Coverage Program.

³ Includes ERCP and Family Physician on call payments as well as any payments for travel expenses when general practitioners provide weekend relief.

Notes: Tier I Coverage: continuous (365 days, 24 hours per day) and physicians must be available to respond by phone within 15 minutes and be on-site within 30 minutes.

Tier II Coverage: either continuous or non-continuous. Physician must respond by phone within 15 minutes and be on-site within a reasonable time, defined by the specialty and clinical judgment of the responding physician.

Table 28
Medical Remuneration and Alternate Payment Expenditures (\$000s)

	Medical Remuneration Payments ¹		Alternate Payments		Non-Fee-For-Service Total Payments	
	2010-11 ³	2011-12	2010-11 ³	2011-12	2010-11 ³	2011-12
Regional Health Authority						
1 Sun Country.....	\$2,173	\$2,275	\$0	\$0	\$2,173	\$2,275
2 Five Hills.....	\$5,590	\$5,868	\$3,192	\$3,387	\$8,781	\$9,254
3 Cypress.....	\$5,011	\$5,262	\$2,925	\$3,094	\$7,936	\$8,357
4 Regina Qu'Appelle.....	\$54,065	\$56,648	\$1,851	\$1,947	\$55,916	\$58,595
5 Sunrise.....	\$5,230	\$5,493	\$0	\$0	\$5,230	\$5,493
6 Saskatoon.....	\$42,249	\$44,323	\$10,993	\$11,564	\$53,242	\$55,887
7 Heartland.....	\$704	\$732	\$0	\$0	\$704	\$732
8 Kelsey Trail.....	\$1,126	\$1,172	\$0	\$0	\$1,126	\$1,172
9 Prince Albert Parkland.....	\$6,602	\$6,955	\$6,385	\$6,738	\$12,987	\$13,694
10 Prairie North.....	\$8,396	\$8,803	\$590	\$621	\$8,986	\$9,423
11 Mamawetan Churchill River....	\$75	\$77	\$0	\$0	\$75	\$77
12 Keewatin Yatthé.....	\$0	\$0	\$0	\$0	\$0	\$0
13 Athabasca.....	\$0	\$0	\$0	\$0	\$0	\$0
All Regional Health Authorities.....	\$131,222	\$137,608	\$25,935	\$27,351	\$157,156	\$164,959
Provincial Projects ²	\$0		\$5,188	\$5,421	\$5,188	\$5,421
All Expenditures.....	\$131,222	\$137,608	\$31,123	\$32,772	\$162,345	\$170,380

¹ These expenditures for physician services are administered through Regional Health Authorities and funded by the Ministry of Health.

² These Alternate Payment arrangements are intended to benefit the entire provincial population.

³ For comparative purposes, payment figures in this table have been adjusted to include retroactive payments for services provided in previous years, pursuant to the agreement with the Saskatchewan Medical Association.

Note: Payments for primary care arrangements are excluded. Responsibility for the management of these agreements was transferred to Primary Health Services Branch effective April 1, 2004.

Table 29
Insured Population by Age and Sex by Regional Health Authority

Age Groups	Sex	Regional Health Authority of Patient Residence													Total
		1	2	3	4	5	6	7	8	9	10	11	12	13	
		Sun Country	Five Hills	Cypress	Regina Qu'Appelle	Sunrise	Saskatoon	Heartland	Kelsey Trail	Prince Albert Parkland	Prairie North	Mamawetan Churchill River	Keewatin Yatthe	Athabasca	
Under 1	M	366	342	212	1,751	290	2,208	232	253	569	618	274	150	31	7,295
	F	318	281	247	1,674	269	1,935	230	263	520	640	273	131	25	6,805
	T	684	623	459	3,425	558	4,143	461	515	1,088	1,258	547	281	56	14,100
1 - 4	M	1,413	1,280	952	7,095	1,251	8,346	1,057	1,040	2,435	2,706	1,225	525	154	29,478
	F	1,456	1,223	907	6,731	1,305	8,002	1,047	979	2,342	2,632	1,085	512	130	28,351
	T	2,869	2,503	1,859	13,826	2,556	16,348	2,104	2,018	4,777	5,338	2,310	1,037	284	57,830
5 - 9	M	1,718	1,461	1,317	7,910	1,593	9,428	1,278	1,289	2,801	2,953	1,256	522	144	33,669
	F	1,679	1,415	1,212	7,505	1,498	9,022	1,199	1,175	2,668	2,938	1,241	499	165	32,216
	T	3,397	2,876	2,529	15,414	3,091	18,450	2,478	2,464	5,470	5,891	2,497	1,021	309	65,886
10 - 14	M	1,671	1,574	1,406	7,946	1,651	9,585	1,296	1,391	2,858	2,940	1,215	556	146	34,234
	F	1,751	1,458	1,348	7,708	1,535	9,073	1,301	1,352	2,795	2,835	1,170	497	132	32,919
	T	3,386	3,032	2,754	15,654	3,185	18,659	2,597	2,742	5,653	5,775	2,385	1,053	278	67,153
15 - 19	M	1,981	1,769	1,512	9,108	1,834	10,743	1,531	1,501	3,127	3,102	1,263	625	130	38,225
	F	1,786	1,706	1,452	8,585	1,782	10,272	1,407	1,409	3,029	2,922	1,204	592	131	36,276
	T	3,767	3,476	2,963	17,694	3,616	21,014	2,938	2,910	6,156	6,024	2,467	1,217	261	74,502
20 - 24	M	2,033	2,057	1,537	10,361	1,868	12,531	1,579	1,443	3,215	3,188	1,118	585	127	41,642
	F	1,889	1,837	1,350	9,778	1,749	12,051	1,525	1,333	2,980	3,018	1,079	583	120	39,292
	T	3,922	3,894	2,887	20,139	3,617	24,581	3,104	2,776	6,195	6,206	2,197	1,168	247	80,934
25 - 29	M	2,023	1,848	1,339	10,712	1,621	13,147	1,451	1,230	2,540	3,158	886	475	119	40,549
	F	1,896	1,756	1,305	10,021	1,550	12,772	1,289	1,120	2,597	3,012	905	422	140	38,785
	T	3,919	3,604	2,643	20,733	3,171	25,919	2,740	2,350	5,137	6,170	1,791	897	259	79,334
30 - 34	M	2,048	1,640	1,276	10,020	1,600	11,781	1,278	1,115	2,351	2,704	799	339	106	37,056
	F	1,758	1,613	1,244	9,494	1,517	11,444	1,168	1,086	2,269	2,630	750	364	94	35,432
	T	3,806	3,253	2,520	19,514	3,117	23,225	2,447	2,202	4,620	5,333	1,549	703	200	72,488
35 - 39	M	1,727	1,463	1,202	8,987	1,581	10,695	1,101	1,219	2,199	2,384	743	399	87	33,786
	F	1,569	1,492	1,239	8,676	1,521	10,292	1,153	1,146	2,342	2,331	748	361	71	32,941
	T	3,297	2,955	2,440	17,663	3,103	20,987	2,253	2,365	4,542	4,714	1,491	760	158	66,727
40 - 44	M	1,689	1,445	1,234	8,603	1,609	10,298	1,260	1,211	2,368	2,213	746	427	96	33,198
	F	1,597	1,513	1,284	8,317	1,678	9,897	1,174	1,184	2,386	2,257	658	430	88	32,464
	T	3,286	2,959	2,518	16,921	3,288	20,194	2,434	2,395	4,753	4,470	1,404	857	184	65,662
45 - 49	M	2,095	1,982	1,598	9,911	2,063	11,907	1,507	1,491	2,589	2,607	659	391	65	38,865
	F	1,921	1,967	1,628	10,029	2,008	11,660	1,516	1,378	2,716	2,589	663	367	83	38,524
	T	4,016	3,949	3,226	19,939	4,071	23,567	3,022	2,869	5,305	5,196	1,322	758	148	77,389
50 - 54	M	2,204	2,263	1,928	9,974	2,250	11,725	1,845	1,531	2,798	2,603	635	350	59	40,164
	F	2,038	2,227	1,812	9,868	2,102	11,743	1,671	1,436	2,794	2,543	592	313	52	39,189
	T	4,242	4,490	3,740	19,841	4,352	23,468	3,515	2,967	5,592	5,146	1,227	663	111	79,353
55 - 59	M	1,995	2,111	1,693	8,778	2,244	10,271	1,776	1,571	2,609	2,270	533	259	33	36,143
	F	1,759	2,063	1,577	8,883	2,064	10,242	1,553	1,476	2,500	2,213	475	215	28	35,046
	T	3,754	4,174	3,270	17,661	4,308	20,513	3,329	3,047	5,109	4,483	1,008	474	61	71,189
60 - 64	M	1,545	1,776	1,339	6,994	1,874	7,964	1,340	1,338	2,178	1,890	437	229	30	28,934
	F	1,455	1,709	1,319	7,084	1,930	8,019	1,307	1,321	2,247	1,707	359	161	36	28,653
	T	3,000	3,485	2,658	14,078	3,804	15,984	2,647	2,659	4,425	3,597	796	390	66	57,587
65 - 69	M	1,153	1,257	1,047	4,725	1,501	5,423	1,077	1,092	1,646	1,339	229	144	26	20,659
	F	1,165	1,233	1,025	5,096	1,523	5,671	1,004	1,049	1,597	1,251	205	126	22	20,968
	T	2,318	2,491	2,072	9,821	3,024	11,094	2,081	2,141	3,243	2,590	434	270	48	41,627
70 - 74	M	928	948	819	3,606	1,307	4,161	807	899	1,283	1,012	166	121	15	16,073
	F	961	1,070	872	4,193	1,374	4,842	841	897	1,312	995	160	95	14	17,626
	T	1,890	2,018	1,691	7,799	2,681	9,003	1,649	1,797	2,595	2,006	326	216	29	33,699
75 & Over	M	2,092	2,235	1,821	7,015	2,712	8,192	1,771	1,725	2,262	1,751	216	136	27	31,953
	F	2,886	3,273	2,481	10,796	3,859	12,764	2,479	2,406	3,078	2,288	259	131	17	46,717
	T	4,978	5,508	4,302	17,811	6,571	20,956	4,250	4,131	5,340	4,039	475	267	44	78,670
Total all ages	M	28,680	27,452	22,229	133,494	28,849	158,404	22,186	21,338	39,827	39,436	12,400	6,233	1,395	541,923
	F	27,849	27,836	22,298	134,437	29,264	159,699	21,865	21,010	40,173	38,801	11,826	5,799	1,348	542,204
	T	56,529	55,288	44,526	267,931	58,113	318,102	44,051	42,348	80,000	78,237	24,226	12,032	2,743	1,084,127

Notes: 1) Population as at June 30, 2011.

2) Band members are placed in the regional health authority as indicated by their mailing address.

Table 30

Per Cent of General Practitioner Payments by Patient Regional Health Authority by Physician Regional Health Authority

Regional Health Authority of Patient Residence	Regional Health Authority of Physician Practice													Out of Province	Total
	1	2	3	4	5	6	7	8	9	10	11	12	13		
	Sun Country	Five Hills	Cypress	Regina Qu'Appelle	Sunrise	Saskatoon	Heartland	Kelsey Trail	Prince Albert Parkland	Prairie North	Mamawetan Churchill River	Keewatin Yatthe	Athabasca		
1 Sun Country	77.7	1.6	0.1	15.9	0.2	1.0	0.0	0.1	0.1	0.1	0.0	0.0	0.0	3.1	100.0
2 Five Hills	0.6	83.3	0.9	8.0	0.1	3.7	0.4	0.1	0.1	0.1	0.0	0.0	0.0	2.6	100.0
3 Cypress	0.2	1.6	80.8	2.4	0.1	2.3	0.5	0.0	0.1	0.1	0.0	0.0	0.0	11.8	100.0
4 Regina Qu'Appelle	0.5	0.5	0.1	94.1	0.7	1.7	0.1	0.1	0.2	0.1	0.0	0.0	0.0	2.0	100.0
5 Sunrise	0.3	0.2	0.1	7.1	84.4	3.6	0.1	0.7	0.1	0.1	0.0	0.0	0.0	3.3	100.0
6 Saskatoon	0.1	0.1	0.1	1.0	0.2	94.2	0.2	0.4	1.2	0.4	0.0	0.0	0.0	2.1	100.0
7 Heartland	0.1	0.8	1.7	0.6	3.9	15.5	64.5	0.1	0.2	5.3	0.0	0.0	0.0	7.4	100.0
8 Kelsey Trail	0.2	0.1	0.1	0.9	0.5	7.9	0.1	81.2	6.8	0.3	0.0	0.0	0.0	2.1	100.0
9 Prince Albert Parkland	0.1	0.0	0.0	0.5	0.0	6.9	0.1	1.8	86.5	1.9	0.2	0.0	0.0	1.9	100.0
10 Prairie North	0.1	0.1	0.0	0.4	0.1	5.8	1.2	0.1	0.7	69.1	0.0	0.0	0.0	22.4	100.0
11 Mamawetan Churchill River	0.1	0.1	0.0	0.6	0.2	6.7	0.1	0.5	26.5	0.4	39.7	0.1	0.1	24.8	100.0
12 Keewatin Yatthe	0.0	0.1	0.0	0.4	0.0	11.7	0.0	0.0	8.5	30.2	0.6	43.7	0.0	4.8	100.0
13 Athabasca	0.0	0.0	0.0	0.7	0.0	10.7	0.0	0.2	22.4	1.0	0.9	0.3	61.5	2.1	100.0
Rural Emergency Coverage	11.5	5.475	9.2	9.52	10.48	11.5	12.48	13.6	2.2	7.2	2.5	3.2	1.4	0	100.0
All Regional Health Authorities	4.7	4.4	3.8	24.1	5.7	29.4	3.4	4.1	8.5	6.0	0.7	0.5	0.1	4.6	100.0

Notes: 1) Use by residents of Northern Saskatchewan does not include services provided by physicians under contract with the University of Saskatchewan, Northern Medical Services.

2) This data is not adjusted for any demographic differences between regional health authorities.

3) Band members are placed in the regional health authority as indicated by their mailing address.

4) Payments to physicians by regional health authority have not been adjusted for itinerant services.

5) For comparative purposes, payment figures in this table have been adjusted to exclude retroactive payments for services provided in previous years, pursuant to the agreement with the Saskatchewan Medical Association.

6) See "Data Limitations" on page 10.

Table 31

Per Capita Physician Payments and Services by Patient Regional Health Authority and Per Cent of Population Treated (In- and Out-of-Province)

Regional Health Authority of Patient Residence	General Practitioners			Specialists			All Physicians		
	Per Capita Payments Excluding Emergency Coverage (\$)	Per Capita Services	Per Cent of Insured Population Treated (%)	Per Capita Payments Excluding Emergency Coverage (\$)	Per Capita Services	Per Cent of Insured Population Treated (%)	Per Capita Payments Excluding Emergency Coverage (\$)	Per Capita Services	Per Cent of Insured Population Treated (%)
1 Sun Country	224.40	6.28	81.20	245.80	3.20	36.60	470.20	9.48	83.00
2 Five Hills	201.22	6.46	82.10	293.72	4.32	44.60	494.95	10.78	84.70
3 Cypress Regina	236.75	6.84	79.10	347.01	5.63	38.70	583.77	12.47	81.50
4 Qu'Appelle	201.62	6.08	82.90	319.04	4.64	48.40	520.66	10.72	85.70
5 Sunrise	237.31	7.35	80.50	276.84	4.17	44.00	514.15	11.52	83.40
6 Saskatoon	203.47	6.30	84.00	311.01	5.10	48.60	514.48	11.40	86.20
7 Heartland	245.41	7.00	83.10	277.74	4.36	42.90	523.15	11.36	85.30
8 Kelsey Trail Prince Albert	223.84	6.58	81.60	250.46	3.53	39.40	474.30	10.11	83.90
9 Parkland	247.56	7.44	86.00	280.83	4.35	44.90	528.39	11.78	88.20
10 Prairie North Mamawetan	261.21	6.78	76.10	334.17	6.56	36.70	595.38	13.34	78.30
11 Churchill River	165.75	4.36	64.70	198.56	3.12	32.70	364.32	7.48	69.00
12 Keewatin Yatthe	156.27	3.94	68.50	213.56	3.19	31.70	369.83	7.13	71.40
13 Athabasca	85.82	2.28	58.70	212.33	3.14	37.30	298.15	5.42	63.60
All Regional Health Authorities	215.48	6.41	80.80	300.52	4.71	44.50	516.00	11.12	83.20

Notes: 1) Use by residents of Northern Saskatchewan does not include services provided by physicians under contract with the University of Saskatchewan, Northern Medical Services.

2) This data is not adjusted for any demographic differences between regional health authorities.

3) Band members are placed in the regional health authority as indicated by their mailing address.

4) Excludes payments for specialist and rural emergency coverage programs and lump sum payments to physicians.

5) See "Data Limitations" on page 10.

Table 32

General Practitioners in Relation to Population, Earnings and Practice Size

Regional Health Authority of Physician Practice	Number of Registered General Practitioners ¹	Number of Active General Practitioners ²	Population Per Active General Practitioner	Average Payment Per Active GP	Average Number of Patients Per Active GP ³	Average Patient Contacts Per Active GP ⁴
1 Sun Country.....	40	34	1,663	\$310,237	2,392	6,168
2 Five Hills.....	45	34	1,626	\$291,450	2,156	6,173
3 Cypress.....	40	36	1,237	\$222,106	1,777	4,667
4 Regina Qu'Appelle.....	294	184	1,456	\$290,402	2,630	6,328
5 Sunrise.....	43	40	1,453	\$333,215	2,221	6,769
6 Saskatoon.....	397	266	1,196	\$245,871	2,375	5,055
7 Heartland.....	28	24	1,835	\$300,077	1,927	5,869
8 Kelsey Trail.....	49	34	1,246	\$263,782	2,040	4,953
9 Prince Albert Parkland.....	94	67	1,194	\$278,165	2,943	6,103
10 Prairie North.....	70	54	1,449	\$232,619	1,747	4,144
11 Mamawetan Churchill River....	17	14	1,730	\$113,453	1,920	2,478
12 Keewatin Yatthé.....	17	4	3,008	\$97,683	1,363	2,118
13 Athabasca.....	7	1	--	\$72,189	971	1,383
All Regional Health Authorities.....	1,074	792	1,369	\$265,199	2,353	5,497

¹ Physicians resident in Saskatchewan at the end of the year and having their own MSP billing number.

Physicians may be counted in more than one regional health authority but the provincial total is a discrete count.

² General Practitioners with their own MSP billing numbers receiving \$60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

³ The size of practice is the number of different persons on whose behalf a claim was paid during the year.

⁴ A patient contact represents each time a practitioner saw a patient professionally regardless of the number of services provided at the time. The limit is one contact per patient, same doctor, same date of service. X-ray, ultrasound and laboratory services, and any professional interpretations of procedures are not considered to be patient contacts.

Notes: 1) Earnings, size of practice and patient contacts may reflect an upward bias as a result of physicians sponsoring locums. Payments for the rural emergency coverage program are included.

2) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians and average payments per physician, may be affected by the extent of shadow billing.

3) For comparative purposes, payment figures in this table have been adjusted to exclude retroactive payments for services provided in previous years, pursuant to the agreement with the Saskatchewan Medical Association.

4) See "Data Limitations" on page 10.

Table 33
Post-Graduate Medical Education¹ and Retention Rates by Academic Year²

Type of Physician	2006-07		2007-08		2008-09	
	Completed Program	Remained ³ in Saskatchewan	Completed Program	Remained ³ in Saskatchewan	Completed Program	Remained ³ in Saskatchewan
Funded by the Clinical Services Fund						
Family Medicine – Regina.....	8 ⁶	3	8	7	9	7
Family Medicine – Saskatoon.....	12 ⁶	5	11 ⁵	8	11 ⁷	6
Family Medicine – Rural.....	6	5	4 ⁴	3	4	4
Family Medicine/Emergency.....	2	1	2	2	2	2
Family Medicine/Enhanced Skills.....	-	-	-	-	-	-
All Family Medicine.....	28	14	25	20	26	19
Anaesthesia.....	4	3	1	1	4	2
Cardiology.....	-	-	1	-	3	2
Diagnostic Radiology ⁹	4	1	3	1	3	2
General Surgery.....	2	1	4	2	5	-
Internal Medicine.....	1	-	1	1	4	2
Neurology.....	1	-	1	-	2	1
Neurosurgery.....	-	-	1	-	1	-
Obstetrics/Gynaecology.....	3	1	1	1	3	3
Ophthalmology.....	1	-	1	-	1	-
Orthopaedic Surgery.....	1	-	2	-	3	-
Paediatrics.....	3	2	4	2	-	-
Pathology.....	1	1	1	1	3	1
Physical Medicine & Rehabilitation.....	1	1	1	-	-	-
Public Health & Preventive Medicine.....	-	-	-	-	-	-
Psychiatry.....	2	2	1	1	2	2
Respiratory Medicine.....	1	1	1	1	2	1
Rheumatology.....	1	1	-	-	-	-
All Specialists.....	26	14	24	11	36	16
Total CSF Funded.....	54	28	49	31	62	35
Externally Funded.....	5	5	6	6	8	6
Total Physicians.....	59	33	55	37	70	41
CSF Funded Retention Rates⁸						
Family Medicine.....		64%		91%		86%
Specialists.....		54%		46%		44%
All Physicians.....		58%		67%		60%
CSF Funded and Externally Funded Retention Rates⁸						
All Physicians.....		62%		71%		62%

¹ The Ministry supports educational activities at the College of Medicine, University of Saskatchewan through the Clinical Services Fund such as: clinical services provided by faculty; undergraduate, post-graduate and continuing medical education; post-graduate medical resident salaries and benefits; and medical and health-related research.

² Period ending June of stated year.

³ Graduates who practised in Saskatchewan for at least six months upon completion of program.

⁴ One graduate went on to a further residency program.

⁵ Two graduates went on to a further residency program.

⁶ Three graduates went on to a further residency program.

⁷ Four graduates went on to a further residency program.

⁸ Net of the number of graduates who have entered further training.

Note: All current recruitment and retention initiatives are outlined in the Appendix (see page 57).

Table 33
(Continued)

Type of Physician	2009-10		2010-11		CSF Funded Positions in 2011-12	Retention Rate ⁸ of June 2011 Graduates
	Completed Program	Remained ⁹ in Saskatchewan	Completed Program	Remained ⁹ in Saskatchewan		
Funded by the Clinical Services Fund						
Family Medicine – Regina.....	13 ⁴	4	12 ⁶	4	30	44%
Family Medicine – Saskatoon.....	7 ⁶	3	10	9	33	90%
Family Medicine – Rural	5	3	5 ⁴	4	19	100%
Family Medicine/Emergency.....	6	6	6	2	14	33%
Family Medicine/Enhanced Skills.....	n/a	n/a	-	-	3	0%
All Family Medicine.....	31	16	33	19	99	66%
Anaesthesia.....	5	4	3	2	27	67%
Cardiology.....	1	-	1	1	5	100%
Diagnostic Radiology.....	3	1	2	-	19	0%
General Surgery.....	3	-	3	-	26	0%
Internal Medicine.....	2	2	1	-	60	0%
Neurology.....	1	1	1	-	8	0%
Neurosurgery.....	1	-	1	-	6	0%
Obstetrics/Gynaecology.....	3	-	2	1	26	50%
Ophthalmology.....	1	-	1	-	5	0%
Orthopaedic Surgery.....	3	-	1	-	19	0%
Paediatrics.....	3	-	2	1	21	50%
General Pathology.....	2	1	-	-	7	0%
Physical Medicine & Rehabilitation.....	1	1	-	-	9	0%
Public Health & Preventive Medicine.....	-	-	-	-	1	0%
Psychiatry.....	5	1	-	-	23	0%
Respiratory Medicine.....	1	-	-	-	3	0%
Rheumatology.....	1	-	-	-	-	0%
All Specialists.....	36	11	18	5	265	28%
Total CSF Funded.....	67	27	51	24	364	51%
Externally Funded.....	5	3	10	7	37	70%
Total Physicians.....	72	30	61	31	401	53%
CSF Funded Retention Rates⁸						
Family Medicine.....		59%		66%		
Specialists.....		31%		28%		
All Physicians.....		43%		51%		
CSF Funded and Externally Funded Retention Rates⁸						
All Physicians.....		44%		54%		

Table 34
In-Province Optometrists: Selected Indicators

	Optometrists	
	2010-11	2011-12
Number of Registered ¹ Practitioners.....	140	151
Population Per Registered ¹ Practitioner.....	7,646	7,180
Per Cent of Beneficiaries Treated.....	10.2%	10.6%
Practising² Optometrists:		
Number of Practitioners.....	139	145
Number by Age Group: Under 35.....	39	42
35 - 44.....	34	35
45 - 54.....	28	29
55 - 64.....	24	24
65 and over.....	14	15
Average Number of Patients Per Practitioner.....	795	811
Average Patient Contacts Per Practitioner.....	956	971
Average Payment Per Practitioner.....	\$44,562	\$46,183
Number by Dollar Range: Less than \$10,000.....	4	9
\$10,000 - 19,999.....	16	16
\$20,000 - 39,999.....	46	33
\$40,000 - 59,999.....	46	47
\$60,000 - 79,999.....	15	26
\$80,000 - 99,999.....	10	10
\$100,000 - 119,999.....	2	2
\$120,000 - 139,999.....	0	2
\$140,000 - 159,999.....	0	0
\$160,000 - 179,999.....	0	0
\$180,000 & over.....	0	0

¹ Optometrists practising in Saskatchewan under MSP coverage at the end of the year.

² Optometrists receiving \$1 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

Note: Includes optometric services covered by the Supplementary Health Program.

Effective April 1, 2010: Chiropractic services are no longer insured by the Medical Services Plan.

Beneficiaries of Supplementary Health, Family Health & Seniors Income Plan and eligible for a maximum of 12 treatments per year. MSP paid supplementary health services until February 22, 2011.

Appendix

Recruitment and Retention Initiatives

- Physician Recruitment Strategy – Receives \$3.5 million in annualized funding, and includes the following initiatives: The Physician Recruitment Agency of Saskatchewan (saskdocs), Distributed Medical Education, Expedited Assessment of Physician Licensure Applications, and the Saskatchewan International Physician Practice Assessment.
- Specialist Recruitment and Retention Program -- A \$2.0 million fund, jointly managed by the Saskatchewan Medical Association, Regional Health Authorities and the Ministry of Health in a tripartite committee, is used to fund three programs: 1) The Specialist Residency Bursary Program offers up to 15 bursaries of \$25,000 per year to fund residents in specialty training at the U of S for a maximum of three years. These bursaries require a return-of-service commitment of one year for each year of funding received; 2) The Specialist Recruitment Incentive provides up to 15 grants of \$30,000 to eligible specialists who establish a practice in Saskatchewan for a minimum of 36 months; and, 3) The Specialist Physician Enhancement Training Program funds practising specialists to obtain additional training. This program provides six grants of up to \$80,000 per year for a maximum of two years, and requires a return-of-service commitment of two months for each month of funding received. Candidates must have practised in Saskatchewan for two years to be eligible.
- Specialist Emergency Coverage Program -- This program is jointly managed by the Saskatchewan Medical Association, Regional Health Authorities and the Ministry of Health in a tripartite committee. The primary objective of the Program is to meet the emergency needs of new or unassigned patients requiring specialty care and to ensure fair compensation for specialists who are available to provide coverage as part of an established call rotation (see Table 27).
- Long Service Retention Program -- This program is intended to recognize physicians who provide 10 or more years of service to the province.
- Committee on Rural and Regional Practice - A \$3.14 million fund, jointly managed by the Saskatchewan Medical Association and the Ministry of Health, which funds a variety of programs including: 1) Rural Practice Establishment Grant Programs -- Grants of \$25,000 are available to physicians who establish new practices in rural Saskatchewan for a minimum of 18 months. Eligible communities are those that have a population of 10,000 or less that can support two or more physicians in a group or shared call arrangement; 2) Regional Practice Establishment (RPEG) Program -- Grants of \$10,000 are available to eligible family physicians who establish a practice for a minimum of 18 months in a regional centre; 3) Family Medicine Residency Bursary Program -- Bursaries of \$25,000 per year to fund family medicine residents in exchange for a rural return-of-service commitment; 4) Rural Practice Enhancement Training -- This program provides funding to practicing rural physicians and assistance to residents wishing to take specialized training in an area of demand in rural Saskatchewan. A return-of-service commitment is required. 5) Locum Service Program -- This program, operated by the Saskatchewan Medical Association and managed by the Committee on Rural and Regional Practice, provides coverage while physicians take vacation, education, or other leave. 6) Rural Emergency Care -- Continuing Medical Education Program -- This program provides funds to rural physicians for certification and re-certification of skills in emergency care and risk management such as Advanced Cardiac Life Support. Full costs of Canadian tuition and a portion of travel and accommodation expenses (to a maximum of \$250) may be reimbursed. Eligible physicians must have 12 months of practice in rural Saskatchewan. A return of service commitment is expected. 7) Rural Travel Assistance Program -- This program provides reimbursement of travel costs from rural physicians who have to travel to another rural community to provide service. 8) Rural Extended Leave Program -- This program supports physicians in rural practice who want to upgrade their skills and knowledge in areas such as obstetrics or anesthesia, by reimbursing educational costs and foregone practice income for up to six weeks.

- **Specialist Recruitment and Retention – Specialist Re-Entry Program** -- This program provides up to two grants annually to practicing family physicians entering specialty training. Physicians must have practised full-time in rural Saskatchewan for three years to qualify plus make a return-of-service commitment of one year for every year of training.
- **Emergency Room Coverage/Weekend Relief Program** -- This fund is directed to compensating physicians (through the Payment Schedule) for providing emergency room coverage in rural areas, and assisting communities with fewer than three physicians to access a list of physicians willing to provide relief coverage when needed (see Table 27).
- **Support Services** -- The Saskatchewan Medical Association operates a Liability Insurance Coverage Program, a Continuing Medical Education fund, and Parental Leave Program.
- **Information Technology Fund** -- A \$2.0 million initiative to assist in the development of the electronic medical record as part of the overall Electronic Health Record.
- **Saskatchewan Health International Medical Graduates (IMG) Residency Training Program** -- This program funds up to four residency positions annually at the University of Saskatchewan. These positions are dedicated to international medical graduates who require a period of residency training in order to qualify for licensure to practise in Saskatchewan.

Agreements with Professional Associations

- The physician agreement reached in early 2011 between the Ministry of Health and the Saskatchewan Medical Association covers four years, April 1, 2009 to March 31, 2013. It provides general fee increases of 11 per cent, along with a 2 per cent market adjustment over the term. The agreement also includes \$33 million in special programs that reward physicians choosing to adopt a full-scope of practice, patient focused care, chronic disease management and improved after hours access. Retroactive payments for the 2009-10 and 2010-11 fiscal years have been made in the 2011-12 fiscal year with accrual funds from 2010-11.
- Effective April 1, 2010, chiropractic coverage changes established that low-income individuals receiving Supplementary or Family Health benefits or on the Seniors Income Plan will be eligible for a maximum of 12 treatments per year. All other coverage has been eliminated.
- The optometric agreement between the Ministry of Health and the Saskatchewan Association of Optometrists covers the period April 1, 2010 to March 31, 2013. It provides a 2 per cent general fee increase and a 2 per cent market adjustment effective April 1, 2010, a 2 per cent general fee increase and a 1 per cent market adjustment effective April 1, 2011, and 2 per cent general fee increase effective April 1, 2012.
- The dental agreement between the College of Dental Surgeons of Saskatchewan and the Ministry of Health covered three years, April 1, 2008 to March 31, 2011. It provided a 0 per cent general fee increase in the first year, a 6.1 per cent general fee increase effective April 1, 2009, and a 3 per cent general fee increase effective April 1, 2010. The agreement also provided a total of \$100,000 over the term of the agreement for new items and modernization of the Payment Schedule.

